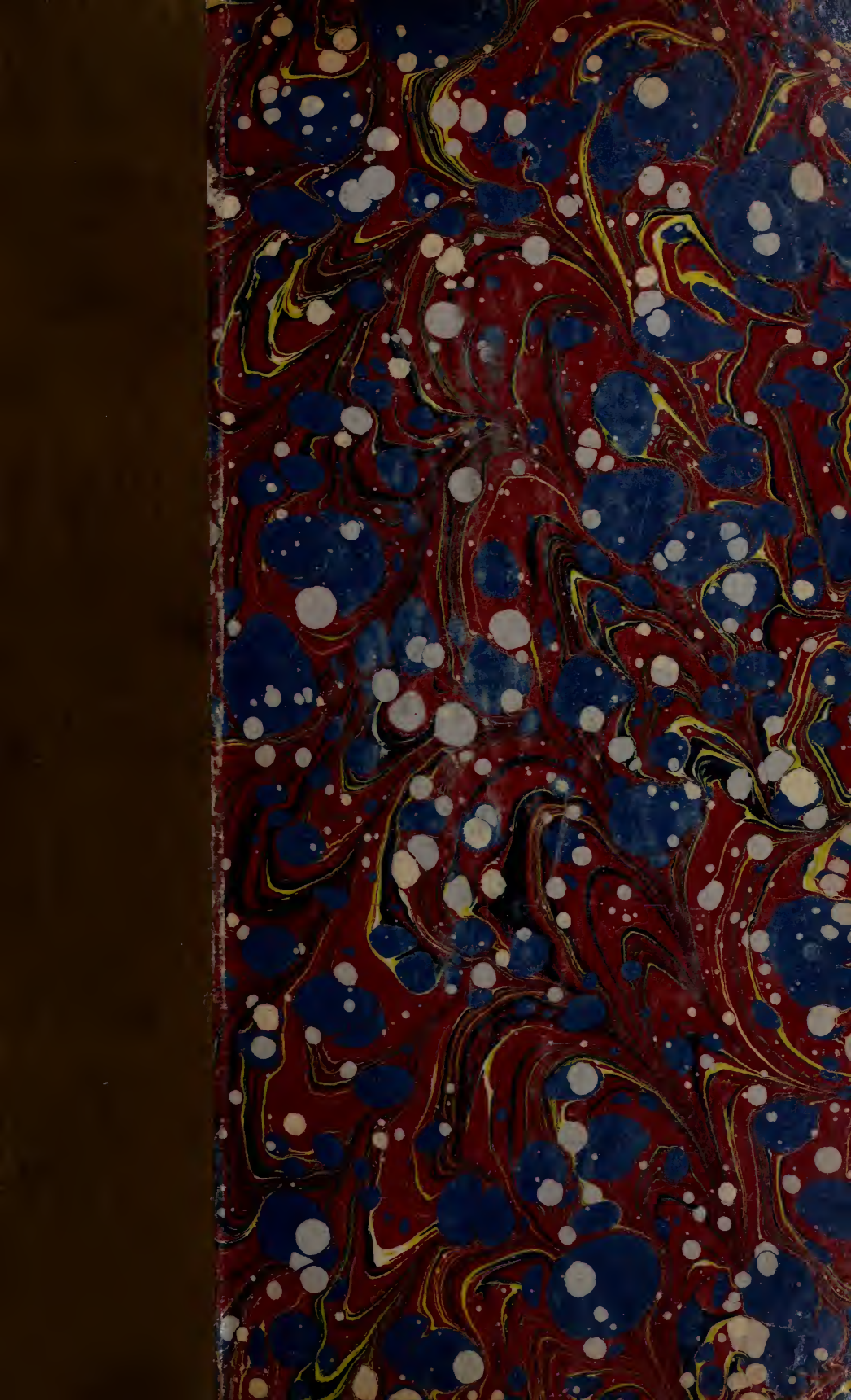

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PARTIAL REPORT OF THE INFORMAL REMARKS MADE BY JOHN URI LLOYD

In an Address before the California Eclectic Medical College, Los Angeles, November 22, 1912.

Ladies and Gentlemen:

I have listened to the complimentary introductory remarks made by Dr. Munk, and I cannot but feel that, in every direction, he has been too generous. In fact, were I to take his remarks as a text, I believe that I could make many comments that might be useful, in the way of reflective opportunities for my hearers. Incidentally I might remark that I would make a feature of the fact that, in my opinion, whatever has been accomplished in the direction the doctor has mentioned, has been by reason of exceedingly hard work, and patient attention to the subjects described. In connection therewith, it must also be confessed that in whatever anyone accomplishes anything, there is always to be found a certain amount of selfishness, that leads to effort and continuation of effort, and in saying this I mean, not necessarily the narrow selfishness such as may be included in the narrow dictionary definition of the word, but yet a selfishness in the **altruistic** sense, that leads to self thought by the individual. Let me now define what I mean thereby.

It is a fact, that the life of an individual is to him a personal trust, and that the body of the individual is also a trust, for which he alone is personally responsible. This trust is the self of the man or the self of the woman, no one having a right, under any circumstances, to abuse that self and betray his trust. It is, in fact, the greatest of all responsibilities given to a person for his individual care, and under these circumstances, the "selfishness" of the individual becomes apparent in the necessity of his care for this great responsibility, namely, his own life and his own body.

This responsibility comes to us all, without any effort on our part. It is a something, however, for which we are made individually responsible, and in order to care for it, we must

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be "selfish," and yet, in the altruistic sense, "selfishness" such as this, can be devoted to the purpose of helping humanity at large. Indeed, that is one of the responsibilities from which none of us can escape.

Let us compare individuals with atoms or molecules or entities, view it as we may, in this great sea of humanity. The making up of this sea, the moving of the ocean of life, consists in the uniting together of these atoms, and the uniting together of the effort of these atoms. In it all, the individual amounts to little, and yet the self of the individual is to him paramount. Therefore I say to you, when I remark that a feature of selfishness lies behind the work of humanity, it is nevertheless a proper feature of life's work, and to accomplish that work best, it becomes necessary to care most carefully for the self, in order that the work as a whole may be best accomplished. To abuse the individual, especially one's own individual self, may be considered a crime, similar to the abusing of an outsider. The misusing of one's body, or the sacrificing of one's own opportunities, is, however, a greater wrong than the neglect of duties elsewhere. A man may lose a mighty opportunity of accomplishing much, through a self-sacrifice that cuts him off from the opportunity of a future, by the destroying of his own individual self, be it physical or mental. Putting out of the argument, therefore, the narrowness of the usual application of the term "selfish," let us, in the broader sense in which I have presented it, consider its altruistic sense, because under these circumstances, the more important an individual can make himself in the way of his own self-care, the greater his opportunity to give to the world as a result of that effort. Thus he furthers the greater good he can do in the world, which, in my opinion, is the real object of living, namely, to do for others that which others cannot, of themselves, accomplish. To help others, where you have the position or power and opportunity, where otherwise they would not be helped, as they may be by your assistance, is a great work; and yet, in it all, I believe the giving should be in the nature of inspiration to enable the other to accomplish a work that makes him independent of any other, whatever. In this discriminative manner, I take it, a person may be supposed to be exceedingly "selfish," in the common application of the word, when he refused to utilize opportunities in giving charity where it might not be properly utilized, preferring to use his limited opportunities (and few of us have more than limited opportunities) in stimulating those to whom the help is given, to encourage them to accept it as a trust on which they may build for a future life of greater usefulness. In other words, to state it plainly, it is not proper for a man to utilize the gifts that have been given him or that he has worked

hard to obtain, in the making of professional paupers through the misuse of the trust that has been put into his hands.

Now I have told you, my young friends, that in my opinion we are all selfishly responsible, first for the care of our own souls, and our own intellects and our own mentalities, so that we can do for others what we ought to do. Comes next the discriminative distribution of that which we get, as I view the work, and in this direction, the blunders of many men whom I continually meet, are largely to be summed up, in that they devote a whole lifetime of effort to acquiring wealth, and then go out of the world, and leave the wealth they have heaped up, to be either lost or distributed by others, instead of distributing it as they go along. They should see to it that that which is put into their hands,—for it is only loaned to them, be it mental, physical or material,—is wisely and beneficently placed. It is a trust, that comes to the individual alone, and it is his personal responsibility to distribute wisely that which he temporarily has acquired.

Now I would call to your attention the thought contained in the very common saying, "Charity begins at home." But let me first emphasize the second word of that sentence, "Charity **begins** at home." Do you not see the difference in the thought? "Charity **begins** at home," it does not **end** at home! Thus it is that when, as we go along, we propose to give to others from an abundance or surplus, however little it may be, and follow the axiom properly, we find that charity, if we propose to use the word "charity" in this connection, truly begins at home, but it should not end at home. Let us, in this view of life (and I have never spoken of this phase of the subject before) as we look upon life, next take up that which constitutes the wealth a man has to give.

The majority of people look upon the subject of the wealth of a man or a people or a nation, from the materialistic side only. Let me say to you, in all earnestness, that the **material** that one handles is merely incidental to the wealth of a man or a nation. It is simply an incident in the passing along, to be utilized if one has an abundance of it, to be fostered, cared for and stored, if one has no surplus. Sometimes a man may be thought to have a material abundance, and yet, looking wisely into the future, he may see that by denying himself and his friends of his wealth for a time, he will after while have opportunities to greater good, by reason of the greater amount he may then have at his disposal. That is the way many men look upon the accumulation of material wealth. In this direction, there is a danger line, because few can, in a balanced way, say just when they have reached the point in life where one can cease piling up the accumulation of material that

has been the subject of effort. As a result, before the toiler is aware of his danger, some physical ailment breaks the thread of life, and he leaves the accumulation of a lifetime for strangers to distribute. All their lives such men have been the slaves of dead matter. And in my opinion, this slavery to inanimate materials, constitutes the most despicable form of all kinds of slavery.

In times gone by, when I was a boy in Kentucky, I knew slaves, live slaves, the slaves of live people. I would rather, today, be a slave back in Kentucky, in the way the blacks were then in bondage to the whites, and hae a live master, who could think and move and reason, than to be the slave of a pile of dead material. The slave of a mighty building of brick and mortar, or the slave of bonds and stocks and other inanimate substances that come from the printing press, and of which, the more some people possess, is the most despicable, pitiable and helpless form of slavery.

I think, if you look about this city of Los Angeles, you will find many men thus slaves to dead matter, wearing their bodies out, subject to bondage to great buildings or banks or other forms of inanimate material. Millionaires they may think themselves, and yet they are slaves to franchises, and slaves to dead gold.

Now let me say to you, my young friends, that these people who are subject to the demands of material wealth, think, if they think at all in these lines, that they own this wealth. Let me say to you that their ownership is merely a momentary trust, and that no man owns even his own individual body. The man doesn't live, in Los Angeles or elsewhere, who can say, "I own anything!" All that he has is a passing trust, that comes to him to use, and if he does not use it, it is taken from him. Then is it not better than to die in bondage, as one draws near the end of life, to look back and see that this trust has been properly untilized in the passing along, including one's own body and one's own intellect and mentality? What an unsatisfactory thing it must be when a man is about to die, (and the time must come when all must die,) to think that he would give all that hoard of inanimate wealth, all those great buildings, and bonds and gold piled in the banks and trust companies, for a single breath of life, just one breath, that finally cannot be bought with all that the man has accumulated?

Now let me pass to another phase of this line of thought, and use another quotation that has rolled down the centuries. "Unto him that hath shall be given." Let me next ask you, as I did a while ago, concerning the other moral sentence, to think on the other side of this sentence. Probably the majority of men, even of the preachers, would define that which a man

hath, as relating to money or materials. In my opinion, that is a one-sided view, taken naturally by those who are wrapped up in the money question. They think naturally of money, in connection with such a phrase. This might be the application of the text by many living in the city of Los Angeles. The weeks I have spent here, lead me to think I am correct in this, and that with many the main thought here, is money. It is exemplified by the common conversation one hears, and even by the advertisements in the papers. It is said, "Such and such a place was bought so many years ago for so much money, and the man sold it recently for twice as much." "Such and such a tract of land was purchased for so many dollars, a week ago, and now it has been sold for as many thousand dollars!" Seemingly the whole thought of a great many Los Angeles people is thus connected with the money side of life. And this applies to business men and commercial affairs, everywhere.

Let me now call to your attention the deeper and better meaning of the aforenamed sentence, "Unto him that hath shall be given." In my opinion the greatest wealth that can come to an individual, is wealth of intellect and mental achievement, and to such as this the sentence can be optimistically applied. For example, those who study in any line of research, if they grasp the subject, find therein an opportunity to see further, and each new mastering of a subject gives opportunity for more and better work in the passing along. These intellectual opportunities thread every phase of mental activity, and in my opinion, the great wealth of the country, instead of being constituted of the inanimate things aforenamed, comes through the increasing wealth of opportunities possessed by the individual, by reason of his growth in mentality and knowledge. The upbuilding of all the inanimate forms of wealth, the rearing of these heaps of bricks and mortar, is the result of the growth comprised in the words, "intellect, knowledge, and mental growth."

Now may I not ask you to apply the lesson that has come in the line of argument that has preceded, to your own selves? You who are beginning the study of any one line in which you are enthusiastic, will find as you accomplish in that direction, a greater opportunity coming to you for further accomplishments in all other intellectual directions by reason of that which you have already attained. Upon the contrary, if you become discouraged and do not gain a little of that to which you aspire, you will find that, in the presence of your discouragement, the inspiration for further growth taken from you, and that you cannot use to advantage that which has been acquired. Those who aspire to be anatomists, physiologists, or whatever else may be their ambi-

tion, will discover that the more they learn in their specialty gives greater opportunity for further learning, but that those who dislike a subject, and are discouraged from attempting to master it, and neglect this or that part of their work, will find that the little they obtain therein will be lost so far as utilizing it is concerned. Then let your ideal be in the altruistic sense, toward optimistic selfishness. Say to yourself, "I will accomplish this my life work. I will gain each day from each lesson, and from each opportunity, all that can come to me from that day's opportunity." If thus you work, and do not allow yourselves to become discouraged, you will find that the possessions given you will be increased from day to day, leading constantly to greater opportunities. Then let the sentence, "Unto him that hath shall be given" apply to your own development, and in life hereafter you will discover that the utilizing of these opportunities will not cease when closes your college course, but that increasingly helpful that richest of all forms of wealth will continue to the very journey's end. And as an incident of it all will surely come the opportunity of caring for yourselves, in order to, "selfishly," in an optimistic manner, further equip yourselves to benefit others.

THE TREATMENT OF GONORRHEA.

J. M. Watkins, M. D., Luling, Texas.

(Read before the Texas Eclectic Medical Society.)

"In the beginning God created the heavens and the earth," after which He created man. Not long there-after the evils and curses of the human race set in. From before the days of the Mosaic law down to the present time, the human race has been afflicted with the subject of this paper, i e, Gonorrhea.

The curse that this disease has brought upon humanity is justly entitled to take first rank among the great curses. When we are confronted with the startling facts that 75 per cent or more of the "pus tubes" are gonorrheal infections. And not only the "pus tubes" but many other troubles that are included in the realms of Gynaecology, we can but be startled at the many homes void of happiness; the many women made sterile and unsexed; the large numbers of young and middle aged men who are physical wrecks. No wonder we see so many moral perverts, divorce suits, and self murderers. Look to our blind asylums and you will see that 20 per cent of the victims of blindness were rendered so from Ophthalmia Neonatorium, to say nothing of those who become blind years after from the same infection—Gonorrhea. I say with emphasis, why all these troubles?

The trouble comes from many sources, but the evidence directs to the one great source, and to that one more than any other we lay the blame, viz., The unsuccessful treatment of Gonorrhea. The average person, and often the physician, think that as soon as the discharge ceases they are well. Often they are encouraged, even by physicians in this belief. How can we expect anything more than disastrous results when the average physician will prescribe for an unfortunate "cuss," take his money, and with an airy satisfaction assure him he will soon be well and all right. Any man intelligent enough to enlist him to his degree knows he is untrue to his caller, and is not giving him what he pays for, and is grossly misleading him besides. The patient goes on for a while and then he likely becomes a moral pervert, losing his respect for himself as well as others, and ultimately a wrecking, writhing vagabond.

I contend that it is criminal for physicians to treat this character of cases as they are often treated. Many are turned loose to go and do as they please, yet we wonder why so much trouble. These people need our moral advice as well as our professional treatment, and until they receive more consideration from the general practitioner, or the physician who is consulted, we will not have any change from the present condition of things.

"Persistency thou art a jewel." This should be the watch-word, or motto of every physician who attempts to treat a case of Gonorrhea. Much can be done, I think, in the treatment of this disease to prevent many complications which arise in the usual course of treatment. Such as Orchitis, Epididymitis, etc., etc. Strong injections should never be used in the acute inflammatory stage. This will often produce some one of the various complications which follow along in the course of treatment of this disease. I never allow any strong injections in the inflammatory stage which usually lasts ten days or two weeks. But instead I use the warm Normal Salt solution, which if carefully done there is no harm to follow. And often at the expiration of the inflammatory stage there is little or no discharge. With this I give internally Gelseminun and Kava Kava, which renders the urine bland and helps to reduce the inflammatory action, allays the nervous condition and prevents the much troublesome condition at night, Corde. Where it is possible I never use the ordinary injections, but use the irrigations from the start on through the entire treatment. Where the irrigation cannot be used and I am forced to use the hand syringe, then I use a formula about as follows:

Zinc Sulph.	gr. xx.
Morphia Sulph.	gr. xl.
Hydrastis Lloyds	ʒ. i.
Witch Hazel Dist	
Aqua Dist aa qs	ʒ. viii.
M Et Sig	
Inject after urinating.	

This is best used after the Urethra has been flushed out with warm Normal Salt solution. There are varieties of local treatments, all of which have some good in them, but many have very objectionable features. A discussion of these does not come in the sphere of this paper. One of the main things to be adhered to strictly is Persistency. Do not pass any man out as cured until the Microscope has been used repeatedly, and the Gonococci found absent. As long as there are shreds in the urine every morning, there still remains the Gonococci.

In chronic Posterior Urethritis it often becomes necessary to massage the Prostate gland and follow this with bladder irrigation of Potassium Permang, ranging in strength from 1-10,000 to 1-3,000. In all forms of Posterior Urethritis the bladder irrigation is almost imperative. Quite often dilation of the Urethra is necessary, but care should be used in using instruments so as not to lacerate the mucous membrane and deeper tissues, thus opening up a new field for infection. In some cases there will be a Urethral ulcer just inside the Meatus. In such cases they respond very readily to Iodoform twelve and one-half per cent in pure olive oil or Liq. Alberline, and apply with applicator t. i. d.

There are a few general customs that should not be followed. One in particular is, the application of a piece of cotton over the Meatus held by the fore-skin to prevent the discharge from passing out, which is kept dammed back in the Urethra. This should never be done, but instead a piece of sterile gauze to catch the discharge allowing it free drainage. The bag commonly sold in Drug stores is very good for this purpose, though they have their objectionable features. The main one is, it is impossible to keep them clean. In the treatment of gonorrhea the imperative injunction is cleanliness. You will find by referring to the fifteenth chapter of Leviticus that cleanliness was required to rid one of the pestilences of this disease, and it is just as imperative now as it was then. Cleanliness for self-protection and for the protection of others as well as their safety, should be one of the main injunctions to every one who applies to a physician for treatment.

It has not been my purpose to set forth any new treatment for this disease, but more to show the weakness of the general

method of treatment. Also to show why it is necessary and right that we should give this character of cases more consideration. They are justly entitled to it, and the many poor women who so often suffer ignorantly are entitled to the protection and safe-guarding the intelligent physician can give to them. I also want to emphasize the results of the unsuccessful treatment of Gonorrhea.

There has been going on for some time an agitation favoring a National law regulating the marriage of those who have been contaminated with this disease. It seems pitiable that we shall be forced by law to do our duty. If every physician would do his full duty, I would doubt the propriety of such law. But if it requires force to get men to do their duty, then doctors ought to be forced.

Doctors the time has come when we need strong capable men who will take their places in society and perform their every function. In the medical world we need men who will safe-guard the health and happiness of the homes. Who will do their best to restore unfortunates to their places of purity, power, and health. Men who place a high estimate upon human life and strong manhood. The physician as no other man is in position to render this large and noble service to mankind. I appeal to you today that we stand together and quit ourselves like men.

"In the beauty of the Lilies,
Christ was born across the Sea,
With a glory in His bosom,
That transfigures you and me.
As He Died to make men Holy,
Let us Live to make men Free."

SOME OF THE WRONG USES OF WATER.

J. T. Farrar, M.D., Berkeley, Cal.

(Read before the California Eclectic Medical Society.)

Mr. President, and Fellow Doctors of the Eclectic Medical Society:

It is not the purpose of this article to speak of the salutary effects of water or to refer to its indispensable use in the human system, through its agency how it flushes sewers washing out kidneys, liver, intestines, and imparting life, health and energy to him who is so fortunate as to have a bountiful supply of it.

It is in the recollection of many of us when the very thing needed was withheld. Our forefathers used it where they should not and withheld it where they should have used it. They were very careful to cleanse wounds with water but withheld it from the parched lips.

In dressing sores or wounds it was the habit to use castile soap washing out the wound making all the parts very clean. Such wounds do not heal kindly and indeed if water is used frequently it will almost certainly produce a septic condition, even gangrene may follow. As a rule use no water on wounds. I have used it with good effect in a normal salt solution at a temperature of 120 degrees Fahrenheit.

The same is true of all skin diseases. In treating the various forms of eczema permit no water whatever to touch the skin. This may be one exception to the old maxim that cleanliness is next to godliness. It is surprising what a difference it makes. No small part of a doctor's revenue is derived from this class of patients. But if he permits the use of water he will meet with many failures. I will mention only one case and that must serve as an example for hundreds: A lady past the meridian of life placed herself under my care. She had been to others but the more she treated apparently the worse she became. Her entire body was covered with excoriations, the tissues were swollen, and she was an object of despair. I used a little ointment to soften the skin, forbade the use of any water applied externally, and dropped a few drops of Lloyd's Spm Apis, Rhus Tox, and Pulsatilla into a glass of water with instructions to take drachm doses every two hours. After refilling the glass two or three times there was nothing left of the eczema.

The old custom of washing the head and wetting the hair is to be condemned. The dry comb is now used exclusively by barbers. The shampoo is used only as a means of increasing their revenue. A good brush and comb will do all the work required. Speaking between the lines I might here add that the hair should be well brushed once a day, all parts of it subjected to the air and then combed dry. Wetting the hair in shower baths is an error. The head should be protected during the shower bath. The shower bath is the only kind of a bath that should be taken. The old bath tub is a relic of former times and must go. All our progressive cities are installing the shower bath as a part of the paraphernalia of the public schools. It is a step in the right direction.

Then there is that long accustomed habit of drinking cold water with meals. No cold water should be drunk until at least two hours after eating.

Many are accustomed to drinking hot water for various disorders. It is a most excellent custom but it should be done with judgment and discretion. While the mucous membrane of the stomach will receive it kindly and be benefitted by it yet it frequently happens that the temperature of the water used is such as to entirely destroy the tissues. It is not possible to

state just what temperature should be used as each person is a law unto himself.

To determine the effects of hot water on the stomach it was given to some guinea pigs for a certain length of time, when on killing them, it was found that the tissues where the water first struck were partially destroyed. Continually applied beyond the proper temperature to any part of the body does positive harm.

Vaginal injections which are so common among the laity is a source of one of our greatest evils. By their continued use the walls of the vagina become relaxed and is followed by prolapsed uteri. Perfect cleanliness is desired but not by means of the syringe.

Doctors, by force of habit, use the douche while curetting, even permitting the flow of water to wash out the uterus. Water can do no good in such cases other than to clear the field of vision. There are safer methods. Besides if used with any force there is danger of its entering the fallopian tubes and producing inflammation. It is far better practice to use no water in uterus or vagina at any time.

What is true of vagina is true of the rectum. Enemas should be given few and far between though there are times when they are essential. I have seen the laity and some of the profession use enemas habitually to overcome constipation. It is a bad habit and doctors should take the initiative in having such practices discontinued.

It is rather late in the day for the profession to use vaginal douches following the third stage of labor. Nature does all things well and when we interfere with her process we wash away the means by which she does the work.

These are just a few ideas to start you thinking in the right direction.

IN THE WORLD OF ATOMS.

Dr. Edward P. Bailey, Los Angeles, Cal.

There is, in my opinion, no subject (outside of mathematics), however intricate or abstruse in some of its aspects, which cannot be explained in the ordinary language of the people. What can be clearly imagined can also be clearly expressed; or we might as well carry science and philosophy back to the times of the ancients when it was considered the greatest triumph of learning to sophisticate so profoundly, and hedge around with arguments an obvious absurdity, that no ordinary intellect could refute it.

Let us imagine ourselves, on a cold and clear winter night, suddenly transformed from this great and busy California city,

hundreds of miles away to some snow-clad region of the Rockies, into the stillness of the country, or the depths of some solitary forest, high above the ocean level. Nothing around us seems to stir; above us the silence of the stars, beneath us a soft carpet of snow; not a sound to be heard, not a breath of wind stirring the branches.

Those bright points of light on the dark firmament are solar systems, whirling through space two hundred times faster than a cannonball, and under our feet the delicate snow crystals are groups of atoms which tremble with billions of vibrations every second. The outer forms of the little snow-stars appear to us fixed and rigid, like those of the bright constellations above. But from their surfaces a pale light enters our eyes, acts on the retina, and excites the optic nerve: an infallible proof that there is something active even in these, and we know of only one kind of activity in this universe, namely, that of motion.

The particles of which the snow-crystals are composed are not closely joined or cemented to each other like the stones in a wall. They are perpetually acting and reacting on the bodies which surround them, through the medium of an exceedingly fine substance which we term "ether." These minute particles, of which, as we know, all bodies consist, are called molecules. In solids, as, for instance, the snow-crystals, they are arranged in a certain fixed order, and their vibration is limited to a given space, but in liquids they move about in all directions, while in gases the molecules are in so violent a state of activity that they fly about with marvelous speed.

The air which surrounds us is a chaos of innumerable minute solid bodies in a state of rapid motion. Our skin is perpetually bombarded by them, and it is this bombardment which causes us to experience atmospheric resistance or pressure. These air-molecules, if closely packed (without any intervening space) would only fill about one three-thousandth of the space taken up by the air as it is. They rush about in this void with the quickness of rifle-bullets. Every point of our skin is struck by at least five thousand millions of these little bullets every second. Their number is so great that every cubic inch of air contains no less than twenty-one trillions of them, and the same is true of all gases. They are so small that they are utterly beyond our powers of perception.

The smallest objects which the best and most powerful combination of lenses, as now produced, would still enable us to recognize, requires a diameter of at least one four-hundred-thousandth of an inch, but of oxygen-molecules three hundred could be placed side by side before they would cover that minute distance. Still smaller are the molecules of hydrogen.

Now, in order to get a clear idea of this which we inhale, of this hail-storm of little worlds which we perpetually encounter without apparent discomfort, let us resort to a little arithmetic and imagination of the poet and romancer, which delights in pictures of the fanciful and ideal without taking much account of facts, but the healthy imagination of the investigator, which moves among the sternest of all realities and which, if rightly exercised, becomes a potent factor in the elucidation of truth.

In a glass of water which stands on the table as I write these lines there is a little air-bubble. It has a diameter perhaps of one-thirtieth of an inch. Let us magnify this tiny bubble ten million times; let us imagine it ten million times larger than it is now, but first let us retire to a safe distance; for the moment we touch it with our magic wand it becomes a globe eight miles in diameter. In this globe fifty thousand billions of little bullets, of the size of No. 6 shot, are flying about in all directions with the quickness of rifle-balls. Whenever one of these molecules, these shot-grains, comes in contact with another (and this happens about eighty million times every second), it is deflected from its course and takes another direction, but without the slightest loss of its original speed.

It may be asked? How can we manage to exist amid such a torrent of projectiles? We ought to be instantly annihilated. But we have forgotten to apply the same magnification scale to our own persons. Let us do so, and we become giants seven thousand geographical miles in height. One of our feet would more than cover the distance from Los Angeles to San Francisco, and with the other we could conveniently step across the whole of the United States. Let the whole atmosphere be magnified in the same proportion, and it will be understood why the hail of little bullets perpetually bombarding our skin would not inconvenience us, for that skin would have a thickness of from six to eight miles. The bombardment would produce no other sensation than we now experience when a gentle breath of air fans our cheeks.

The picture which I have here presented is by no means the product of a mere fantastic flight of imagination, but a conclusion strictly warranted by mathematical facts, but necessary for the interpretation of the physical phenomena of nature. But chemistry has to go one step further in order to explain and render intelligible the phenomena of combination and affinity. We are driven to the conclusion that molecules are not the ultimate particles of matter, but are built up of still smaller bodies, the atoms. Thus, for instance, in a molecule of water we have two atoms of hydrogen united to one of oxygen, and all chemical processes have their source in the fact that the atoms

of two or more molecules of different substances detach themselves and reunite again in a different fashion.

Now, in order to obtain a better idea of the manner in which the atoms are grouped in a molecule, we must look upon the latter as a cluster, the various parts of which are combined by a well regulated movement into a harmonious system. We may well resort, for comparison, to a process within our observation, though on a far grander scale, which is admirably adapted for illustration. Let us look to our planetary system. The planets, with the sun, represent a stable system, just as the atoms of a molecule represent such a one. In the case of our solar system, the mass of the planets, compared with that of the central body, is, of course, very insignificant. A far closer resemblance to our molecules is therefore presented by those systems of the stellar world in which two or more large bodies, of nearly the same size, revolve around their common centre of gravity.

This parallel between atoms and planets, molecules and solar systems, opens before a new and startling perspective. It affords us a glance into that unfathomable abyss which hides the mysteries of time and space, and holds in its dark recesses the very secrets of our existence. Astronomical science has shown that our sun, with the majority of fixed stars visible to us, constitutes a great star cluster, the diameter of which must be estimated by hundreds, if not thousands of billions of miles. Of such star clusters there exists a great many, which, in their turn, again form a still grander system, to which we also belong, and the boundaries of which are indicated by the outermost limits of the milky way. How many of such galaxies may be hidden in the vastness beyond, in the bosom of infinite space, we will never know, for the light can only reach us from limited distances. Whatever may be beyond that very farthest nebula, the pale light of which has taken fifteen thousand years to reach us, is concealed from us forever.

But, as here is an outward and ever-enlarging scale, so in the molecules and atoms downwards, and ever diminishing in size, we find system after system inclosed one in the other, like the ivory balls in a Chinese puzzle, downward, ever downward, and there is no end! We shall never be able to exhaust the possibilities of minuteness. The atoms of elements may consist of ether-atoms; indeed, the very elements themselves may not be elements in the true sense at all, but compound bodies, as has, indeed, been very long suspected.

Now, let us once more take our magic wand, let us imagine one of these tiny atoms enlarged in the size of this globe, of this earth on which we live. A magnification of one trillion diameters would more than suffice. It would now, with its

companion-atoms, represent a planetary system, and the molecules in a gas would stand in about the same relationship to each other as the fixed stars over us, which pursue their unknown courses; the little air-bubble in the glass of water becomes a star-cluster like the one in which our sun is situated. The circle of little bubbles around the margin of this glass would represent such a gathering of star-clusters as we now see before us in the milky way.

THE GALAXY IN A GLASS OF WATER! On what does the glass rest in which our starry firmament has gathered? Who will take it to his lips? We know not; we cannot see beyond our tiny bubble, and the mere fact of being able to understand that we never can hope to look beyond it presupposes a great deal of understanding.

It will be worth our while to have a look around on our enlarged atom. We live on this planet of ours, but what entitles us to draw a line or fix a limit as to the possible or impossible in this endless, this infinite series of worlds with which we are here confronted? If we could descend on to one of these atoms, our bodies diminished in proportion, might we not, would we not, find there another earth, grouped with its companion atoms into a stellar system of perhaps wondrous regularity? That world in which a conscious being exists is determined by the kind of this consciousness, and by the character of the impressiona which it is capable of receiving. We cannot well think of perceptions other than our own, because we cannot go beyond the limit of our own selves, but we can well imagine a world in which sensations like ours may succeed each other in far greater rapidity.

We can imagine a creature which in one second, during which we only receive at the utmost ten different impressions, is organized to receive thousands, millions or billions. That means that in one thousandth, one millioneth, or one billioneth of the time we live, it experiences the same number of things as we do from the cradle to the grave. Its measure of time, compared with ours, would be infinitely smaller.

Such a being could live on an atom just as conveniently as we live on this planet of ours. If, for instance, the quickness of its sensations were to ours as one thousand trillions is to one, it would experience in the time of one light-vibration—that is, in one five-hundredth-billioneth of a second—as much as we in eight months. The atom on which it lived would be its world; the molecule in which the latter belonged, its solar system; and by the revolution of atoms it could count its days and years. Above him, our atom-citizen would see other similar and far distant worlds; for the molecules (perhaps all belonging to one tiny air bubble) would form the star cluster of his firmament.

A magnification of ten thousand trillion diameters would enlarge the little air-bubble to the dimensions of our entire stellar system, the star cluster of which the limits are the outermost regions of the milky way. But, great as the host of our stars may appear to us, the firmament of our atom-inhabitant would be still more densely crowded; for while we with the aid of our best telescopes, cannot see more than about twenty million stars, the little air-bubble would harbor at least fifty thousand billions.

Now the reader might object that, to an atom-inhabitant, the molecules of a gas could not possibly appear as the fixed stars do to us, inasmuch as these molecules experience, on an average about eighty million collisions in every second. However, it must not be forgotten that we have reduced the time of life and observation of our atom-inhabitant to one thousand-trillioneth that of our own. During this brief moment the relative positions of the visible molecules—to him far distant suns—will appear just as unaltered, and their courses or orbits to the atom-astronomers just as linear, as those of our fixed stars appear to us.

What is the short space of time, the trifling moment, that we know of the life-history of the earth, compared with the eternities which must elapse before two fixed stars approach sufficiently close to render a collision inevitable? Our records of human history read back only a few thousand years, and of the age of our planet we only know that it must be measured by thousands of centuries. Of the courses of the fixed stars we know absolutely nothing; we only infer from certain data that their average velocity is about a hundred times greater than that of our molecules.

Thus the atom-inhabitants are about as wise as we are. The life of the entire human race, so far as our historical records are concerned, would, if condensed to one thousand-trillioneth, occupy about one thousand-millioneth part of a second, less than one-twentieth of the time which elapses, on an average, before the collision of two gas molecules, time enough for thousands and tens of thousands of generations of living to rise, flourish, and decay, before a pervertible alteration of their starry firmament can be recorded.

It remains to fancy to picture further how those atom-inhabitants imagine their world as the only world civilized and blessed by divine ordaining, for they know as little of other worlds as we do. Millions of their years may pass, by thousands the rise and fall of their nations, the dynasties of their rulers, the triumph of their philosophers and poets may be recorded, before the water-glass with the little air-bubble, in which their planet is the tiniest atom, is seized by human hands,

and billions of worlds are drawn in by human lips. What an endless of vista of life is here presented to us! Not enough that the vast space which surrounds us is peopled by innumerable worlds like ours, but within the latter new worlds are presented in the atoms, which in their turn again may harbor others still smaller, and so on in infinite succession.

And now the same step upward. Let us regard our earth as an atom, our solar system as a molecule. Of what larger body may it, with all the galaxies and star-clusters, constitute a particle? What a giant world may that be, what creature may inhabit it? Our universe, encircled by its galaxy of myriad suns, is it but a stray bubble floating on some ocean of the greater world? This stellar system of ours, does it, perhaps, in that giant world represent a molecule in some complicated organic structure, a nerve cell in a giant organism, perhaps a brain particle in the head of a Titan, whose feet rest on ground in the abysmal distances of space?

The Titan would have a height, if his body were proportional to ours, equal to a billion Sirius distances! What thoughts, what sensations may move him, when, in his brain cells our suns clash in stupendous conflict and meet their doom in universal conflagration! And those Titans, whose bodies, whose terra firma is composed of veritable oceans of star clusters, what a starry world may they behold above them! On the atoms now vibrating in our own brains, in the blood coursing through our veins the destines of nations may be fulfilled, destines on the planets, which again are but the atoms of a higher world, destinies on the giant world and none of the beings is aware of the existence of the others; each has the solid ground beneath him, and above him the silence of the stars.

Therefore, if this thought should make us feel uneasy, the thought that this cherished world of ours is but an atom in a giant world, let us take consolation in this: the giants are in no way better situated than we are in reference to the dwarfs which inhabit the world of atoms. Stars above them, the ground beneath them, that is their world as it is ours. That we just happen to exist on the earth is a matter of comparative indifference. No matter where we might be, our astronomers would always investigate the starry firmament, and our chemists and physicists would divide bodies into molecules and atoms. Everywhere the suns as the atoms would pursue their courses in obedience to the same laws, everywhere two sides in the triangle would be greater than the third, and everywhere twice two seconds would make four. That is the law for the giants and dwarfs, the law beyond which we shall never be able to rise while on this so-called "material" PLANE OF EXISTENCE.

CALIFORNIA STATE BOARD EXAMINATIONS.
HYGIENE

DECEMBER, 1912.

(Answer Ten Questions Only)

1. What diseases are transmitted by (1) the fly, (2) the flea, (3) bed-bug, (4) the mosquito? What steps would you take to destroy each of these insects? For what disease has the fly been very recently said to be responsible?

2. Give approximate dates when Edward Jenner discovered vaccination for prevention of Smallpox; (2) When Joseph Lister announced the value of Antisepsis in surgery; (3) When Louis Pasteur announced his treatment of Hydrophobia; (4) When Robert Koch discovered the tubercle bacillus?

3. How many pounds of air does the average adult inhale in twenty-four hours? What proportion of this weight is oxygen? Of the oxygen inhaled about what proportion is absorbed?

4. What is Carbon Dioxide? How does it cause asphyxiation?

5. What are the principal methods of sewage disposal for cities? What method would you choose for an inland town of ten thousand inhabitants?

6. Describe the self-purification of water in a river that receives the sewage of a town.

7. Describe a method of collecting and disposing of garbage in a city.

8. What are the causes of ordinary colds, and what would you do to combat them?

9. Why should the registration of births, deaths and marriages be compulsory?

10. Define the terms Endemic, Epidemic, and Sporadic as used in medicine.

11. What is meant by the term "Certified Milk?" What prevents the general use of certified milk?

12. What are the harmful results of mouth breathing?

PHYSIOLOGY

(Answer Ten Questions Only)

1. What is the physiological effect of fatigue?

2. Mention three regions in which vaso-dilator nerve fibers have been demonstrated.

3. What physiological purposes do reflexes serve? Give two examples.

4. Draw diagram illustrating difference between (a) normal, (b) myopic, and (c) hypermetropic, eyes.

5. Why is the velocity of the blood stream slower in the capillaries than in the aorta?

6. What factors govern blood pressure in the pulmonary circulation?

7. What factors govern intracranial pressure?

8. How is oxygen held in the blood? Where and why is it given up?

9. What is the relation of the nerves to the movements of the stomach?

10. What is the function of (a) an enzyme, (b) an harmone?

11. What is the physiological importance of putrefactive changes in the contents of the large intestine due to bacteria?

12. Describe the ejection of the bile into the duodenum and the function of the gall-bladder.

GENERAL DIAGNOSIS

(Answer Ten Questions Only)

1. Give three methods for the estimation of the functional capacity of the kidneys.
2. Differentiate syphilitic adenitis from tubercular adenitis.
3. Describe a Pott's Fracture.
4. Give the symptoms and physical signs of an acute pneumothorax.
5. Give the diagnosis of a duodenal ulcer.
6. Describe myxoedema.
7. Give the aotiology and symptoms of tetany.
8. Describe the clinical picture of diphtheria.
9. Describe the bruit heard in
   (a) aortic insufficiency
   (b) mitral stenosis
   (c) pulmonary insufficiency
   (d) tricuspid insufficiency
   (e) functional bruit of anaemia
10. Give the five cardinal symptoms in the diagnosis of Tabes.
11. How would you proceed in making a diagnosis in a case of suspected unilateral tuberculosis of the kidney?
12. Describe the complications which may be coincident with or follow a suppurative otitis media.

OBSTETRICS

(Answer Ten Questions Only)

1. Describe the muscles and tissues that go to make up the perineal body.
2. What are the four cardinal obstetric landmarks of the superior straight? Give also the bounderies of the inferior straight.
3. How would you convert an L. O. P. position into an L. O. A. before engagement?
4. What are the symptoms and causes of albuminuria of pregnancy without structural change of the kidneys, and what is the prognosis?
5. Describe in detail the double application of forceps in R. O. P. postion.
6. Under what conditions would you amputate the uterus after delivery of child by abdominal celiotomy.
7. Describe a Caput succedaneum, its cause and how it differs from encephalocele.
8. What are the measurements of the following diameters of the foetal head: Bitemporal; Biparietal Occipitio frontal; Occipitiomental; Fronto mental.
9. In the clinical history of the last days of pregnancy, what conditions are liable to cause premature separation of the placenta (excluding placenta previa).
10. Describe some of the most serious diseases of the endometrium, giving their influence upon pregnancy.
11. Describe the foetal heart sounds, when and where they are best heard, and what is their relative rate compared to the mother.
12. How would you manage a case of threatened abortion at third month? Describe the conditions under which you would consider it favorable.

GYNECOLOGY

(Answer Ten Questions Only)

1. Describe the development of the genital tract.
2. Give the most frequent causes of diseases among women.
3. Give a historical record of a case of gynecology.
4. Malformations of the vagina. Causes?

5. Give the dynamics of the female pelvis.
6. What preparatory and prostoperative procedures should be instituted to secure the best results after laparotomy?
7. Vaginitis, Pathology, Etiology, Varieties.
8. Tumors of the vagina. The most common. Etiology and diagnosis.
9. Fibromyomata. Definition. Varieties, Diagnosis.
10. Atresia of the genital canal. Cause. Diagnosis.
11. What is the Graafian vesicle? What is its function before and after rupture?
12. Hematoma of the vulva. Definition. Etiology. Diagnosis.

HISTOLOGY

(Answer Eight Questions Only and Identify Four Slides)

1. What microscopic characteristics would enable you to distinguish a section of the gall-bladder from one of the urinary bladder—both sections made perpendicular to the surface?
2. Name the layers of the cerebellar cortex and describe three cells characteristic of the outer layer. Make drawings or diagrams of the cells.
3. What microscopic features would enable you to distinguish a section of the respiratory nasal mucous membrane from one from the olfactory nasal mucous membrane?
4. Name and describe the structures seen under the microscope that would enable you to distinguish a section of dried bone from a section of hyaline cartilage.
5. Describe how a small bronchus (over 1 m.m. in diameter) would differ microscopically from a medium sized artery.
6. How would a transverse section of the duodenum differ histologically from a similar section of a fallopian tube? Make drawings or diagrams.
7. (a) Of what vessels are the vasa afferentia of the renal glomeruli branches?
(b) Describe the behavior of the vesa efferentia after they leave the glomeruli. Illustrate by drawing or diagram.
8. What peculiar structure of medullated nerve fibers is demonstrated by treating them with weak silver nitrate solution and then exposing them to sunlight?
9. Describe how you would distinguish a section of spleen from one from the suprarenal gland or capsule.
10. What do you understand by the following terms: (a) Telodendria; (b) Spermatogenesis; (c) Centrosome; (d) Achromatic spindle; (e) Karyokinesis.
11. Identify two slides.
12. Identify two slides.

PATHOLOGY

(Answer Eight Questions only and Identify Four Slides)

1. Name three (3) acute infectious diseases in which the relative number of leucocytes are increased and three (3) in which they remain normal.
2. In cases of death after the first few days from the effect of extensive burns what internal or organic changes are likely to be found on autopsy?
3. What blood vessels of the brain are most likely to be affected and why, by (a) Hemorrhage; (b) Thrombus; (c) Embolism?
4. Describe the extent to which an injury to a nerve may go before restoration of function will be unlikely or impossible.
5. Describe the condition found on autopsy after sudden death

from acute dilatation of the heart and under what circumstances is this accident most likely to occur?

6. Describe the changes in the pancreas which frequently take place after death which may lead to serious error on autopsy unless taken into consideration.

7. Describe the blood changes in
   (a) Myelogenous leucaemia.
   (b) Splenic leucaemia.

8. Describe the microscopic changes found in Atrophic Cirrhosis of the liver.

9. Compare the pathological findings in Broncho-pneumonia with those found in lobar pneumonia.

10. What pathologic changes are liable to be found as a result of gonorrhoeal infection many years subsequent to the acute infection?

CHEMISTRY AND TOXICOLOGY

(Answer Ten Questions Only)

1. How would you distinguish alum from boric acid by a flame reaction?
2. How is SO2 made and what are its uses?
3. How may the test for diacetic acid be confused?
4. Name six of the principal derivatives of the hydrocarbons.
5. How do fermentation and putrefaction differ?
6. Show with examples the difference between volatile oils and fixed oils.
7. Name eight functions of bile.
8. Describe the chemical changes which take place in muscular activity.
9. How would you prove that a given case of fatal poisoning had been due to strychnine?
10. What poisons may cause sudden death?
11. Give the treatment for poisoning by alum; by copper compounds.
12. Give the treatment for poisoning by gasoline; by formalin.

BACTERIOLOGY

(Answer Ten Questions Only)

1. Discuss (not over 1 page) Spirillum Cholerae Asiaticae.
2. Name 3 pathogenic Cocci which are Gram negative; name 2 pathogenic Bacilli which are Gram positive.
3. How would you stain a specimen of malarial blood with Wright's stain? Describe the appearance of the different elements.
4. How would you make an Anerobic culture? Give 2 methods.
5. Name 2 chromogenic bacilli and give short descriptions of each.
6. Give in detail 2 methods of transmitting Yellow fever.
7. What causes Tinea Versicolor, Thrush, Relapsing Fever, Glanders, Amebic Dysentery?
8. How would you distinguish Teponema Pallidum from other Spirochetes?
9. How would you distinguish a case of Typhoid from one of Paratyphoid fever?
10. Draw pictures of magnified Plague bacilli, Diphtheria bacilli, Anthrax bacilli, Pheumococcus, Gonococcus.
11. Explain difference between active and passive immunity. (Not over 1 page.)
12. Explain cause of poisoning after eating (a) hot cooked meat; (b) cold meat which has stood for 48 hours.

ANATOMY

(Answer Ten Questions Only)

1. Name the branches of the adbominal aorta and give the relations of one of them.
2. Describe the peculiarities of the arteries of the scalp, (b) Describe the lymphatics of the scalp.
3. Give the relations of the bladder.
4. What bones form the walls of the orbit? Name the fossae in immediate relationship with these walls.
5. Describe the mesentery; (b) Describe the arrangement of the mesenteric vessels and nerves.
6. Describe the characteristics of the membrana tympani as seen through an ear speculum.
7. Describe briefly the membranes of the cord; (b) The membranes of the brain.
8. Describe the anterior annular ligament of the wrist. What structures pass beneath it?
9. Give brief description of the peritoneum.
10. Give the origin, course and distribution of the long thoracic nerve.
11. At what point in the oesophagus are foreign bodies most apt of lodge?
12. What are the land marks for the lower border of the lung?

PEANUT OIL.

J. A. Burnett, M.D., Marble City, Okla.

I have never seen peanut oil mentioned in any medical book or listed in any price list of drugs. I have seen it mentioned in one medical journal. Dr. Lloyd H. Mills of New York mentioned it in his article "The Utilization of Fats and Oils Given Subcutaneously."

May 1911 Archives of Internal Medicine.

Recently I wrote four physicians and asked them six questions about peanut oil as follows:

1. How is it made?
2. Is it a stable article?
3. What is the average and maximum dose?
4. Is it well tolerated by the stomach?
5. What is the difference in its therapeutic action from olive oil?
6. Is it mentioned in any works of medicine?

The following are the replies that I received:

Julius H. Eichberg, Ph.G., Ph.D., M.D., Professor of Materia Medica Pharmacology and Therapeutic University of Cincinnati College of Medicine said:

"Peanut oil is made by compression of the peanut in the cold. It is no more a stable article than all fixed oils. It can be given in any dose as it is non-poisonous, but it is not as well tolerated by the stomach as olive oil and has the same therapeutic action. I hardly think you will find it mentioned in any works in medicine and will also state that most of the olive oil that is bought is largely peanut oil."

Walter Stanley Haines, A.M., M.D., Professor and Head

of the Department of Chemistry Materia Medica and Toxicology, Rush Medical College, said:

"Peanut oil is usually prepared by expression and is reasonably stable article. As to its medical uses, I regret to say that I know but little nor am I able to refer you to any work on the practice of medicine in which it is discussed."

William H. Foreman, A.B., M.D., Professor of Therapeutics, Indiana University School of Medicine, said:

"Peanut oil is made by expression like castor oil. Is as stable as any of the fixed oils. Will of course become rancid on standing too long at high temperature. As to dosage, I think that is rather indefinite. It has no value other than nutritive and is reasonably well borne by the stomach, especially if taken three or four hours after meals. As like other fixed oils, it is digested in the bowel. I know of no work to refer you to. I should use it in one-half-ounce doses or if well borne in larger doses. I have heard of it recommended by the laity in tuberculosis, etc., but think it of no special value."

Dr. Lloyd H. Mills, who has had a large experience in giving the various oils and fats hypodermically, wrote me that he considered peanut oil the best oil to use hypodermically, as it was the least irritating and the most quickly absorbed. He said corn oil was not suitable for hypodermic use, as it caused irritation and was very slowly absorbed. The value of giving oils hypodermically is not appreciated as it should be and I feel sure that in future peanut oil will be one of our best oils to be used hypodermically.

It is of value internally in most all chronic wasting diseases and has advantages over many oils in being cheap. It is cheaper than corn oil.

McKresson & Robbins, Wholesale Druggists of New York, will furnish peanut oil in barrel lots for 85 cents a gallon; in five gallon lots at 95 cents a gallon or by the single gallon, $1.10. Dr. Mills prefers the Delight brand of peanut oil.

The following is a good prescription for internal use:

Peanut oil.....25 per cent by vol.
Glycerin.....10 per cent by vol.
Maltine.....65 per cent by vol.

If desired to each fluid ounce of this add the following:

Calcium hypophosplutes.....3 gr.
Sodium hypophosplutes.....3 gr.

Other useful formulas can be made up.

I feel sure that the internal and hypodermic use of peanut oil will prove far superior to cod liver oil in all conditions where cod liver oil is used and has the advantage of being cheaper, easier to take and better tolerated by the stomach.

I consider peanut oil as much a medicine as cod liver oil.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

PAY THE DOCTOR TO KEEP YOU WELL.

Apparently we are on the verge of a new craze. Not a month passes but that we are confronted with an article with a title similar to the above. Moreover each succeeding one is but a rehash of the one that has gone before. In one and all there is the same old patter about the so-called Chinese system, and what a grand thing it would be to just go around to each of your regular families on a fixed day once a month and tell them **how** to live. Then, there would be no more croupy children, no more scarlatina, no more acute indigestion caused by mince pie to be called appendicitis. With proper care, we might even teach the people how not to have any children at all. Having accomplished all of this the night work will dwindle to the mere bagatelle of repairing damage to the joy-riders. Possibly even this could be arranged on the month about system. Behold the doctor going to work in his automobile at nine in the morning and returning at three in the afternoon, just like an aristocratic banker. It is a beautiful dream—a pipe dream.

But why not try it? Certainly, by all means do so. The idea appeals to most of the young doctors and they do try it. All that is needed is an understanding between the doctor and

one or all of his clientele that payment is made at so much per month only while the patient remains well.

There is no necessity for the approval of your colleagues or the consent of the public at large. The entire matter is your personal private affair. Co-operation is not needed. Try it for one year and then you can write something worth reading on this subject. In the meantime, no more of this nonsense, please.

THE PEOPLE WILL SUFFER.

Under the above title we have the following editorial from Brother Jones of the California State Journal of Medicine.

We are not informed as to whether or not he is the son of a prophet, but the article certainly suggests a vision of the "Handwriting on the wall."

Unless all present indications are wrongly interpreted, the people of the State of California will be left with little if any public health protection after the next session of the legislature adjourns. There will possibly be an appropriation to carry on the plague work among squirrels, but this will be due to pressure from the Federal Government, if it is made at all. In the legislature will be a large number of legislators who are closely in touch with the eddyites and the "league for medical freedom." The hold-over senator who is considered the leader of the Southern California delegation, Gates, is a member of the advisory board, or whatever they call it, of the "league;" a prominent eddyite in Los Angeles has been nominated and will undoubtedly be elected; a number of other eddyites are also nominated or hold-overs. The attorney for a notorious quack in Oakland has been nominated and will be elected; he has already announced that he "is not going to do a thing" to the medical law! The present vaccination law will probably be repealed and it is possible that smallpox will be made only a reportable disease and not quarantinable. A number of persons have announced the intention to pass a reciprocity amendment that will practically mean no safeguard to the public; that any quack anywhere may come here and get a license. The crazy, unreasoning, fanatical opposition to anything that partakes of the nature of public health control, and which had its origin some four years ago, has grown tremendously. It looks very much as though the people would have to take their dose of medicine before they can recover from the disease of unreason. It will not be a pleasant dose to take, but it may be the quickest way to get over the disease. A real good epidemic of smallpox and a considerable increase of rabies and poliomyelitis, with no attempt at control or quarantine, might help some-

what. If we, as a profession, undertake to oppose this movement actively, we at once make it worse, for those whose interests are against public health measures immediately cry out that the "doctors' trust" has been hurt and is fighting to get something. They cry so loud and so long that the unreasoning people believe them; the general run of people can not see where unrestricted disease hurts themselves and benefits (financially) the medical profession. About the only thing that it seems possible to do is to keep high standards in our medical societies; make careful inspection of applicants for membership; bring the members into closer harmony and greater scientific work; in general, make membership in a county medical society mean a badge of professional ability and standing. The unthinking run of people have been fooled into worshiping false gods; they will elect politicians who will betray the health interests of the people by destroying all the protective legislation that they can. But at least we can do something to preserve our own self-respect and our respect for our profession by active work in our medical societies and by keeping them clean, free from petty graft and from all other things for which we might have cause to be ashamed and by raising higher the standards required for admission. Make membership in a county medical society something for the thinking people to look upon as a badge of professional ability and respectability.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; ————, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on December 3, at 8:00, at the College.

Minutes of previous meeting were read and approved.

The following names were presented for membership: Drs. Ballard, Mohn, Ervin and Petskey.

The Board of Censors, consisting of Drs. Roath, Scudder and Munk, having reported favorably, they were unanimously elected to membership.

Dr. Clinton Roath gave a talk on "Tonsilitis," which was freely commented upon by different members.

The election of officers for 1913 followed and resulted as follows:

President, H. C. Smith.
Vice-President, B. E. Fullmer.
Secretary-Treasurer, P. M. Welbourn.

The next meeting will be held on January 7, at which time Dr. Fullmer will read a paper. Dr. H. Ford Scudder will read a paper at the February meeting.

Adjournment.

B. R. HUBBARD, Pres.
P. M. WELBOURN, Secy.

COLLEGE NOTES.

Herbert T. Cox.

The regular meeting of the Student-Body was held Monday evening, December 2nd. It being the time of the annual election of officers, the following were elected for the ensuing year:

President, F. C. Calloway.
Vice-President, R. W. Prince.
Secretary, M. E. Kerr.
Treasurer, C. S. Roath.

Besides the discussion of various matters of interest, committees were appointed to see about pins and pennants, and lantern slides for the delineascope. A resolution was presented and carried unanimously, expressing an appreciation of the address given the Student-Body by Professor Lloyd on his recent visit to Los Angeles.

Professor Holman is now recovered sufficiently to be around and we hope will soon be able to resume his lectures.

Professor Roath became the proud father of a daughter early in December; but soon had his joy counterbalanced by an accident which caused a severe infection in his wrist, which laid him up for a few days.

College closed Saturday, December 21st, for the Christmas holidays and will reopen again with lectures Monday, January 6, 1913. The students are all glad to have a rest and will be also glad to get back and dive into the home run for the end of the term. The majority of the students will remain in the city; the boys will keep busy with different duties, such as improving the looks of the yards, carrying mail for Uncle Sam

and attending to clinical patients; of course the ladies will all be busy making new dresses.

Professor Holton honored the College with a visit recently and is very much improved in health. He looks quite rosy-cheeked, and will be on deck to lecture on Dietetics to the Sophomores after the holidays.

NEWS ITEMS.

Judge E. R. Monk presented to the C. E. M. C. Library a new copy of Stewart's Legal Medicine.

During Dr. E. R. Harvey's absence in the East, Dr. T. L. Rogers taught his class in Diagnosis.

Dr. J. T. Farrar, Berkeley, sends the Season's Greetings and his renewal to the Journal.

Dr. C. N. Miller, Oakland, sends his renewal for the Journal.

T. C. Wood, Peoria, Ill., sends his renewal for the coming year.

Dr. J. F. Barbrick has sent Christmas greeting to his many friends in Southern California. He reports interesting clinics in Vienna, where he is spending the winter.

Dr. J. A. Munk spent the Christmas holidays in Yuma, Arizona.

Dr. A. J. Atkins announces the removal of his home and office to the Atkins Building, 714 Pine Street, San Francisco.

The Westlake Hospital entertained with their annual reception and dance during Christmas week, honoring their two graduates, Miss Flora Anderson and Miss Edith Mills.

Dr. H. Ford Scudder, Redlands, has been a frequent visitor in Los Angeles during December, and made two trips to San Francisco on business relating to the State Society.

Dr. W. P. Ferguson, Santa Ana, has changed his address to 401½ E. Fourth Street. The Doctor was a recent caller and renewed for the Journal for the coming year.

FOR SALE—Office equipment and furniture of $1,500 value with practice of $3,000 cash resulting from patronage of the best families in one of the best towns in California, for the price of office equipment and introduce my successor. Address, M. S. K., care California Eclectic Medical Journal.

WANTED—An Eclectic or Physio-medical physician in Amarillo, Texas, a city of 12,000, to assist an osteopath and a homeopath in surgical work, a part of the time. Office rent, and telephone free and some fees assured from the beginning. No competition in either school. Drs. Harris & Faris, Suite 7, 8, 9 and 11, Chanslor Bldg., Amarillo, Tex.

BOOK REVIEWS.

Hypodermic Medication. By Frank Webb, M.D., member of Connecticut Eclectic Medical Association and National Eclectic Medical Association, with prefatory remarks by John Uri Lloyd. 124 pages. Price, $1.00 net. Published by the Therapeutic Publishing Co., Inc., Boston, Mass., 1912.

This subject is engaging the attention of all schools of medicine, but the use of vegetable remedies by means of the hypodermic is just beginning. Perhaps the use of Lobelia in diphtheria, where such gratifying results have been reported by various observers has done most to stimulate interest and bring this subject to the attention of the profession.

Dr. Webb has covered a number of drugs in a very convincing manner and we think this little book will prove of absorbing interest to every wide-awake doctor.

We notice a few typographical errors which will be corrected in later editions, no doubt.

False Modesty, That Protects Vice by Ignorance. By Dr. E. B. Lowry, author of "Truths," "Confidence," "Herself," etc. 109 pages. Price, 50c. Published by Forbes & Co., Chicago, 1912.

Dr. Lowry has made another valuable addition to her series of works on sexual hygiene in this little book called "False Modesty." Again a plea is made that children be protected from the results of ignorance by means of education. Dr. Lowry is doing a noble work and only good results will follow, because all of these books are excellent and can be safely recommended to perplexed and anxious inquirers.

Normal Pregnancy and Labor. Presenting a simple, scientific method of Treatment of the Disorders of the Pregnant Term, for their cure, and for the Prevention of the Complications of Labor, etc. By Finley Ellingwood, M.D., author of Ellingwood's Materia Medica, editor of Ellingwood's Therapeutist, etc., etc. 160 pages. Published by Ellingwood's Therapeutist, 32 North State St., Chicago, Ill.

The Eclectic profession will be much interested in the work on Normal Pregnancy from the pen of the well-known editor of Ellingwood's Therapeutist. Dr. Ellingwood has laid particular stress on the therapy and this is as it should be, because this is a phase of the subject so often neglected. It is, indeed, very seldom that labor is not accompanied with pain, but by proper medication this can ofttimes be reduced to the minimum, much to the gratification of the patient; tedious labors can be hastened which will shorten the period of convalescence, etc. We have only words of praise for this book and recommend it to the profession as a work to be studied, digested and assimilated.

A SEVERE BURN.

H. B. Lee, M.D., Summerville, S. C.

My first use of Antiphlogistine in burns and scalds was accidental. I was called by telephone to Mr. J. T., aged twenty-seven, weight 180 lbs., brickmaker, a steam-pipe having exploded between his legs, scalding him badly. I ordered that no grease of any kind be used, but that cloths soaked in a strong solution of bi-carbonate of soda should be laid on the parts till I could get there. I stopped at a drug store to procure another salve I had used in such cases, and by mistake the clerk gave me two boxes of Antiphlogistine. When I reached my patient I found him suffering intensely with a big blister extending from the crotch to the ankle on the inner side of both legs, at least three inches wide and surrounded by a red inflamed surface two inches wide on each side.

I had used Antiphlogistine before in pneumonia and in sprains, so when I found that by mistake this had been sent I decided to try it. I covered the entire injured parts with a thick layer of Antiphlogistine (applied cold), put absorbent cotton over all, and after bandaging loosely to keep things in place, took Mr. T. home in my buggy. When I first saw him his face was contorted with pain and he could not suppress the groans that the agony wrung from him, but, as I covered more and more of the burnt surface with the dressing, I could see the expression of pain leaving his face. I gave him some medicine to relieve pain and when I called again that evening I found he had not touched the anodyne. I asked him why he had not touched his medicine. "Well, doctor," he said, "you told me to take that every two hours while I was in pain and I have not had any pain."

The next day I let him leave his room and in three days he was back at work. I did not touch the dressing for five days, and when I took it off the parts had healed entirely.

There are two important points in the use of Antiphlogistine. First: put it on thick, thick, thick, using it hot for internal inflammations and cold for burns and scalds. Second: never put cloth over the Antiphlogistine, except a thin layer of gauze, if necessary, but put absorbent cotton in thick layers over your first dressing. Don't try to remove it as long as it sticks to the skin for it will let go as soon as it has done its work. I have used this preparation (Antiphlogistine) frequently since then in severe burns and scalds and yet have to meet my first disappointment in its curative power.

The California Eclectic Medical Journal

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Original Contributions

AN APPEAL TO THE CALIFORNIA LEGISLATURE TO AMEND THE PRESENT MEDICAL LAW.

Dr. H. Ford Scudder, Redlands, California.

In California at the present time the medical profession is laboring under one of the most peculiar medical laws in existence.

Each applicant for a license to practice his profession is required to undergo an examination before a "mixed" or "composite" examining board. This "mixed" or "composite" Board of Medical Examiners is appointed by the Governor as follows: 5 Allopaths, 2 Homeopaths, 2 Eclectics and 2 Osteopaths. Each of the four schools or rather each of the four "systems of healing," as it were, are compelled to pass the same identical examination on the ten subjects prescribed by this wonderful law. The ten subjects referred to are termed the "fundamentals." A candidate for a license to practice the Profession of Medicine and Surgery is not even examined upon the subjects of Materia Medica and Therapeutics, nor Surgery, nor Practice of Medicine. And it is reasonable to suppose that the fitness of the candidate in these three practical subjects or branches of his profession, should certainly be ascertained before turning him loose on the public.

The first question that naturally arises is, Why aren't examinations held upon these three important practical subjects? One answer is that the last addition to this badly "mixed" board, the Osteopath, is not an "M. D." He is not a Doctor of Medicine but a "D. O." or a Doctor of Osteopathy and has no knowledge whatever of Materia Medica and Therapeutics, which is "The study of drugs and their action upon the human economy," neither is he expected to ever prescribe for a patient, so naturally he could not be expected to pass an examination upon The Practice of Medicine.

Now another, and practically the principal reason for dropping these vitally important subjects from the examination is

that the Board of Medical Examiners, as constituted at present, is thoroughly and systematically dominated by the Allopaths, as will be shown later in discussing that clause of the present law that sets forth the requirements of all applicants. Now as long as the Allopath is in control of the Board of Medical Examiners, not only legally but numerically, he is quite anxious to eliminate these subjects because he is as totally ignorant of, and as thoroughly unfit to judge the qualifications of Physicians who are Eclectic or Homeopathic graduates, as is the Osteopath. I think that as far as we have gone we have reached the point where we can safely say that the Board of Medical Examiners is at least a badly or sadly "mixed" board.

And now we reach the chief ingredient in this wonderful mixture, viz., the standard of requirements as set forth in the law for all applicants for a license to practice Medicine and Surgery. And wonderful to relate, that notwithstanding the fact that three different Schools of Medicine are represented on this "mixed" board, and graduates from three different schools or systems apply for licenses, the requirements are those of only one school of medicine,—the Allopathic. And still more wonderful all the restrictions, all the requirements, and even the classification of every medical college in the State of California, eminate from Chicago, the home of the famous "Medical Trust," which plainly proves the powerful influence of this medical octopus, which is strong enough to reach out one of its tentacles and throttle the profession of Medicine and Surgery in the State of California, by keeping in force such an unjust and unfair law.

The following is the part of the law referring to the requirements of the applicants for a license, besides filing all credentials, testimonials of good moral character, etc.,

> "and a diploma issued by some legally chartered
> "medical school, the requirements of which shall
> "have been at the time of granting such diploma
> "in no particular less than those prescribed by
> "the Association of American Medical Colleges for
> "that year."

The Association of American Medical Colleges is practically a working unit of The American Medical Association, the A. M. A., the so-called Medical Trust, and has a membership of 51 medical colleges and medical departments of various universities in the United States out of a total of 116. The Council of Medical Education of the A. M. A. also establishes the standard for the entire 116 Medical Colleges, and these two bodies working in unison practically classify every medical college in the country accordingly

as they see fit, and by such classification and by arbitrary rulings place the colleges in Class A, Class B, Class C, etc. And here in California our present "Mixed" Board accepts their classification because this medical octopus has demanded that it be incorporated in our State Law. It strikes one as rather strange that here in California one of the most progressive states in the Union, with the Governor a strong, liberal progressive of National reputation, with a broad minded, liberal legislature, that the standing of the medical colleges of our own state, and the fitness of our own graduates in medicine and surgery, should have to be determined by the Medical Trust located in Chicago. It would appear more rational to so amend the present law that the Governor would have the power to appoint a board to examine into the condition of the medical colleges of our state regarding their equipment, teaching staff, general conduct of the college, etc. I feel quite sure that all schools of medicine or schools of healing would be glad to rely on his fairness and judgment in the formation of such a board to prevent the question ever arising of the domination of one single school or system of healing.

Another feature of our present law wherein we are behind the majority of the other states, is our lack of a reciprocity clause. There is only one real true reason that can be advanced for compelling a physician who has been legally licensed in some other state, to undergo a rigid technical examination in this state, and that reason is downright pure selfishness. The reciprocity clause as adopted by all the states that reciprocate, is almost identical, and provides that a physician holding a license that has been legally issued by one state, may without further examination be duly licensed to practice his profession in the other state, providing that the requirements of the state issuing the original license shall have been equal to the requirements of the second state at the time of granting the license. The fact of the matter is that no physician unless he be a recent graduate, or unless he has put in at least a year at some post graduate school, or some one of the numerous Quiz Classes, that have sprung up in California is capable of passing the technical examinations that are now given by our "Mixed" Board.

And so in closing we would ask the Legislature to consider the present "Mixed" situation in a fair, calm manner, and amend the present medical law so that all schools of medicine, and all schools of healing shall receive a fair, square deal.

NOT THE NAME, BUT THE GAME.

H. T. Webster, M. D., Oakland, Cal.

"A rose by any other name would smell as sweet." The English language is full of synonyms. It is not improbable that other languages also abound in them, but the English is the only one I have any acquaintance with, and even this is not very intimate. Much argumentation has occurred in the world's history between opponents who really were very near together in principle, but who were separated by imaginary differences which were differences in name only. The story of the two knights of old, who fought nearly to the death over the color of a shield placed between them, one maintaining that it was red and the other that it was blue, and after all was over found that both were in the right, as the shield had two sides of different colors, is familiar to us all; it was a shield, painted in different colors.

Eclectic medicine should be, and is, a medicine of liberality. Unfortunately, the school has embraced among its followers illiberal adherents who, while they maintain their right to choose, deny the same privilege to others. Our past history demonstrates this, and it has been one of our greatest drawbacks. Local prejudice and imaginary differences have too often clouded main issues, and given rise to unnecessary antagonism, when really, when the truth is known, there is little real difference in our faith.

Specific medication has been a source of much criticism and acrimony in the past. All my readers who have practiced medicine or who have been intimately acquainted with our history for the past forty-five years are aware of this fact. For a long time the Cincinnati school bore the onus of the strife. New ideas are always painful, and their advocates sometimes die before they are vindicated and generally accepted. The adversaries did not realize that the doctrine was as old as Paracelism; it was new to them. They did not realize that Hahnemann taught it before he enunciated his more popular doctrine of Homeopathy. They did not realize that Gottlieb Rau, a German physician, in 1838 published an "Organon of Specific Medication." The idea was new to them, and painful. They even forgot that Professor Thomas V. Morrow, first professor of practice in the first Eclectic medical college advocated, and taught it to his classes. It was lost to us with his death, because his successor, Professor I. G. Jones, ignored it, and soon published a two-volume practice patterned after the then popular old-school work, Wood's Practice, which filled the mind with a different view of things, and allowed Professor Morrow's ideas to lapse.

The entire medical world, except Homeopathy, then went

over to a belief in the mysterious, supposititious, catalytic action of jumbles of drugs, without faith in the efficiency of single remedies. And such continued the state of affairs until Professor Scudder came upon the stage. He never claimed to be the originator of the specific-medication idea. He was not one of the pioneers who penetrated the wilderness, but a follower, who built permanently, out of the slender material which then existed. He laid a foundation, which it is our duty and pleasure to continually build upon.

If Eclecticism means freedom of choice, certainly Eclectic physicians possessed doctrinal authority to choose specific medicine as a portion of their faith; and, following Professor Scudder, they began so choosing; a few at first, more later, until a large share became converted to the doctrine. And now we realize that specific medication, direct medication, or definite medication, is really all there is, that is of much worth therapeutically, to medical practice.

Even that rusty element, the old school, is beginning to recognize the fact, and we frequently find, in its literature, reference to the selective action of drugs—to the tissue affinities of remedial agents. The barriers are broken down, and only the most stupid practitioners of medicine now stand aloof of the generally accepted doctrine that the proper method of treating disease is by the direct method—the definite action of remedies for definite conditions; or, if you choose, the direct action, of remedies for special pathological states; or, if you choose, the specific action of remedies for specific conditions. All these propositions, under a liberal construction, mean the same thing.

To the dyed-in-the-wool polypharmacy of 1870, Professor Scudder's works on specific medication and specific diagnosis were a painful shock. For a short period, Professor Scudder was a pariah in his own school, except to the students who listened to his earnest and convincing instruction. Those who sat under him could not fail to be impressed with the logic of his statements and convictions. And yet, the list of direct or specific remedies he left us was small, and not capable of fulfilling the many requirements of practice, and needed many additions. Then arose the old element in a new form, strongly opposed to any forward movement. "Don't meddle, leave matters just as they are. It would be sacrilegious. Let us stand still and grow rusty." The old spirit of dogmatism again sought to assert itself. Standpatism will ever have its say, if not its way.

In 1898 the writer was severely criticized for advocating the idea that Eclectics should study the therapeutics of all schools of medicine, for the reinforcement of specific medica-

tion. This was our idea of true Eclecticism. Yet, at that time, there were not a few who were ready to condemn the idea, and standpat with what little resource we then possessed. Where would we be if we had adhered to that policy? Progress is inevitable and eternal. Great advances, all along the line, have followed that time; and many of those who would have then condemned our attitude are now probably willing to approve it.

Our good friend, Dr. Eli G. Jones, is now advocating the same idea we then did; but he seems to believe that specific medicationists have not been awake to the progress of other schools, in therapeutics. It is true there has been some prejudice; but, after all, specific medicationists have absorbed many good things from other schools, since that time. Dr. Jones has taught us valuable therapeutic truths in his works, which were new to us; but at the same time we have been learning other facts which he may have overlooked in his investigations. We are, or should be all striving to dig new truths out of the mine of knowledge; and we cannot all find the same nuggets. The Doctor objects to the term "specific medication," but it seems to us that Professor Scudder used it in the same sense that Dr. Jones uses the term "definite medication." The definite action of drugs for definite results and definite indications, was the idea that Professor Scudder always sought to impress, though he did not often designate it in so many words. His works contain frequent references to direct medication and the direct action of drugs, as synonymous with the idea of specific medication. In the preface to his Specific Diagnosis he remarks: "We believe that the expressions of disease are uniform, and always have the same meaning, and that the action of remedies is something definite and uniform—that like causes always produce like effects." We here observe that, to his way of thinking, specific medication was definite medication.

It might have been better to have given specific medication, as taught by Professor Scudder, the name, definite medication, on account of the confusion and misunderstanding that has arisen in the minds of the ignorant, from the confounding of the old idea of specifics for diseases. This was never the idea of Professor Scudder—that there were specifics for diseases. He emphasized the statement, more than once, that he rejected such an idea in his scheme of therapeutics. His doctrine was, specific medication for specific conditions; direct medication for special requirements, as indicated by specialized symptoms; definite medication for definite states as individually indicated.

The writer is an admirer of the practical character of Dr. Jones' works, but in them he can only see an important addition to the work built up in the Eclectic school by Professor

Scudder. According to our idea, they are the truest type of Eclectic products, a credit to us and, at the same time, an advance upon what had already been published on specific medication.

FOLIAGE COLORATION.

J. A. Munk, M. D., Los Angeles, Cal.

When the college botanical garden was first started seven years ago (1905) and two years before the College came to Los Angeles, I decided that I wanted a place where I could plant trees and flowers and watch them grow. In our land of perpetual summer the trees are mostly evergreen, which becomes monotonous when it is a continuous performance, and I craved the sight of colored leaves other than green and bare branches as seen in an eastern forest in the fall of the year.

I started on a hunt for deciduous shade trees in our local nurseries, but to my surprise could find none in stock and only succeeded in securing a small variety on a special order of Carolina poplar, sycamore and goldbark willow. I found that these trees could be propagated from cuttings and soon had a supply of young trees started for transplanting.

To this small beginning I gradually added other forest trees and plants from the east; and California and Arizona have furnished native trees and plants from cuttings and seeds that I have been able to gather in my travels about the country, until now there is a goodly variety of medicinal plants growing in the garden and a grove of forest and orchard of about three acres. The first deciduous shade trees were planted six years ago (1906) and have grown so fast that some of them are now one foot thick and fifty feet high. The foliage is so dense in places that the sun cannot shine through and when the leaves drop in the autumn they completely cover the ground and have already formed a thick bed of mulch and leaf mold.

Ordinarily trees do not grow as rapidly as is here indicated, particularly in an arid country like California, where it does not rain all summer. But if, instead of rain, water is applied to the soil artificially by irrigation, astonishing results are obtained as just described. This unusual collection of trees in this country (and I know of none other like it) attracts various kinds of birds as well as "varmints" that find a congenial home in its shelter. Many of the small wild creatures are never seen as they come out only at night but their presence is made known by their tracks in the dust along the paths and in the moist, soft earth of the irrigating ditches.

Now as to foliage coloration. It is popularly understood that the cause of the leaves changing their color in the autumn

is wholly due to frost. Here in California, however, where there is practically no frost, the leaves of the deciduous trees change their color without any frost, just as they do in countries where there is frost; so that it would seem that if frost ever produced such on effect, it is but trifling and unimportant. The leaves of the evergreen trees do not change color while they remain on the tree and only turn to russet and brown after they have fallen off. The difference in leaf coloration depends upon the nature of the tree, each variety responding to its own natural law as to time and color.

According to my observations temperature and moisture have more to do with leaf coloration than has frost. When the time comes for the change to occur, if the weather be cool, damp and cloudy the transformation is seen to be perfect and only under these conditions do the colors appear at their best. But if at the critical time, the weather is clear, hot and dry the natural process of change is immediately interrupted and hindered and the leaves soon die and dry up without showing much color. Either extreme of heat or cold produces a damaging effect upon leaf coloration and whether it be a "hot wave" or a "heavy frost" the result is the same.

As I saw Nature's pageant of foliage coloration in my garden last year, it began with the pokeberry (Phytolocca decandra) which commenced changing color in mid-summer and was, also, the last to fade; and the procession of changing colors in the foliage of the various trees and plants continued more or less rapidly from that time on until the end of the year. The pokeberry is not only one of the most valuable agents in the materia medica, but is likewise one of the handsomest plants that grow in either field or garden. In its bright coat of many colors, it is always a pleasing sight. From a deep green it gradually changes to many shades of purple and red. Its inflorescence is in the form of a raceme and its small, pale white blossoms with green and ripe black berries often appear together in a cluster at the same time. Its color began to change early in July commencing on the stalks and gradually extending to the underside of the leaves, then creeping over the edges onto the top of the leaf until finally the entire plant stood out conspicuous and glorified in its royal robe of magenta red.

During the month of September the American ivy (Ampelopsis quinquefolia) wove its wreaths of scarlet among the green leaves of the trees and hung in graceful festoons from their branches. By the end of the month the color had all faded and the leaves fallen off, leaving the vines bare and dormant for their customary winter sleep.

With the incoming of October general leaf coloration was in active progress. About this time the common sumach

(Rhus glabra) suddenly burst forth into a bright blaze of flaming red. It furnished the most brilliant display of autumnal brightness seen during the season and was in striking contrast with the subdued colors of its more quiet neighbors. The poison oak (Rhus toxicodendron) came along at the same time and fairly outdid itself for brilliancy in reds and yellows. I have been familiar with the plant all my life and do not remember of ever having seen it in a more handsome dress. The sumachs were the "observed of all observers" during the first two weeks in October, when the weather was altogether favorable for leaf coloration. The weather was misty, cool and damp, but without rain or frost and every morning the leaves dripped with the dew.

During these two weeks the effect of the favorable weather was seen upon the leaves of all the trees which went rapidly into an active transition state and the grove soon presented a gorgeous display of bright colors in which yellow predominated. The several varieties of poplar were decked in deep orange and various shades of yellow, but the Carolina poplar (Populus Carolinensis) surpassed them all for beauty. The maple (Acer saccharinum), ash (Fraxinus Americana) and elm (Ulmus fulva) wore a more modest but no less beautiful dress of pale yellow, or lemon color, with an occassional dash or splash of scarlet to brighten the general effect. Then came a sudden turn in the weather changing from cloudy, humid and cool to clear sky, hot sun and dry atmosphere, which completely changed the appearance of the grove and turned the picture from gay to grave. The process of coloration was completely checked and the leaves suddenly withered and shriveled up. The beauty of autumn had fled not to return again during the balance of the season.

Of all the deciduous shade trees, that are not native, with which I am familiar, the Carolina poplar is most desirable for all purposes. It is perfectly adapted to the local conditions of soil and climate, grows rapidly, has a good form and acquires considerable size. It furnishes a refreshing shade during the summer, spreads its golden banners to the autumn breeze and makes a fine display of attractive bare branches in the winter.

APPENDICITIS IN THE AGED.

O. C. Welbourn, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Ass'n.

Appendicitis in the acute form is a prevalent disease in early adult life. It is alleged to be more common among men than women, though this may not be true. It is my personal experience that many cases of subacute appendicitis have been diagnosed as ovaritis or salpingitis. In fact, it is quite the

usual thing to find a diseased appendix complicating the more prominent pathology when doing a laparotomy for pelvic disease. Frequently the appendix is adherent to the adnexa on the right side, and it is quite difficult to determine which structure contained the primary focus of infection.

With advancing years acute infectious diseases lose their power, owing apparently to senile changes in the histological structures as well as a gradually developed immunity, and the so-called sthenic class of diseases become asthenic. Acute appendicitis is no exception to this general rule, and it becomes relatively rarer as year is added to year. But it may, and occasionally does happen, that a patient has an unrecognized chronic recurrent appendicitis covering a period of many years, even reaching from youth to old age. Such cases are usually called "indigestion" and result in a semi-invalid condition or suppurative appendicitis.

Quite recently there has been referred to me, by the kindness of my colleagues, two such cases.

One woman 67 years of age had suffered from an indigestion since the "change of life" believing that time would effect a cure. After being confined to her bed for seven weeks, she yielded to her physician's advice, and we removed an appendix of the chronic fibrous adherent type. She enjoyed an uneventful convalesence and will leave the hospital at the expiration of the usual four weeks.

The other woman was 70 years of age, had suffered from an "indigestion" for a great many years, and her physician had made a diagnosis of suppuration, notwithstanding there was but slight rise in temperature or pulse rate. Operation revealed a gangrenous appendix which was removed in fragments and drainage established. She also enjoyed an uneventful convalescence and left the hospital at the usual time. One month later she felt better than for years and was keeping house just as though nothing had happened to disturb her comfort of body or peace of mind.

I have recited the history of these two cases to suggest to you:

FIRST: That an appendix once diseased is always diseased—it never gets well and stays well.

SECOND: That it is a source of constant danger and recurrent distress.

THIRD: That old people stand abdominal operations better than is generally taught—than it seems reasonable to expect.

With these facts before us, it seems reasonable to conclude that the treatment of such cases by surgical measures always should be carefully considered.

ENDOMETRITIS—ITS ELECTRICAL TREATMENT.

A. S. Tuchler, M. D., San Francisco, Cal.

Read before the California Eclectic Medical Society.

This subject is not new, yet it is not so well known as it should be. Electrolysis, in these stubborn and persistent cases, when applied correctly, is gratifying both to the patient and the physician.

Perhaps the best way to impress upon your minds this beneficial and satisfactory method of treatment, will be to recite several cases from my record book.

Case 1. Mrs. S.; age 25; primipera; was never sick except the usual childhood diseases; never had miscarriage; weight 175 lbs., height 5 feet 6 inches, appetite good, bowels regular, menstruation always painful, abdomen enlarged like a four months' pregnancy, backache, headache, face sallow and blotches, cannot walk much without getting tired, says it feels as if everything wants to fall out when on her feet.

Had been curretted four years previous to coming under my observation and had been subjected to a prolonged local medicinal treatment after the operation. Still no relief.

Examination disclosed an enlarged uterus in the normal position, stenosis of the cervix, all other organs in a normal condition, but ovaries sensitive and painful to the bimannal examination.

The treatment was given by placing a dilating electrode against the stenosed cervix attached to the negative pole of the galvanic battery, a large pad was placed on the stomach and connected to the positive pole. She received five m. a. of a constant current for twenty minutes every other day. The stenosis was corrected by the second treatment, when the regular shaped uterine electrode was substituted. A most remarkable phenomena occurred in this case. You will note that I did not make any mention of a discharge from the uterine canal on my first examination, but as the stenosis was overcome, a thick yellow profuse discharge followed and which gradually became lighter in color with each subsequent treatment. In four weeks the lady had twelve treatments when the discharge had entirely ceased, the uterus reduced to the normal size, and much to the lady's surprise, she was compelled to have her dresses made shorter in front. This was in 1905 and she has been in perfect health ever since that time.

Case 2. Mrs. B; age 28, weight 160 lbs., height 5 feet 6½ inches, primipera, miscarriages none, personal and family history good. Has always suffered from painful menstruation; backache and headache constantly and tires easily at the slightest exertion, unable to pass urine freely. Had been under treat-

ment for eight years without relief, which included tampon application, as well as all sorts of electrical modalities but never intrauterine electrolysis.

Examination disclosed a stricture of the urethra also stenosis of the cervix. Uterus and ovaries tender to the touch, which made her marital relations impossible. In order to overcome the soreness of the pelvic organs, placed her on the high-frequency couch, inserted a glass vaginal electrode in the vagina, while on the lower part of the abdomen placed a tinfoil electrode and connected each one of the respective cords to the high-frequency coil. She received this treatment daily for ten minutes with as much current strength as was comfortable for a period of two weeks with cessation from pain.

The stricture of the urethra was overcome by the gradual dilation of the canal by the use of the negative direct current, using two m. a. for five to ten minutes or until the bulb electrode passed the contracted portion of the urethra. This was continued once a week until the normal calibre was reached.

The uterus was treated about as in the former case and which covered a period of nearly four months but with perfect satisfaction to the patient and had her confidence again restored in the medicine man.

Case 3. Mrs. R.; multipera; age 35; height five feet six inches, weight 140 lbs. Good family and personal history. Illness since birth of baby—ten years. The lady was gloomy, hysterical, always felt like committing suicide; constant backache and headache. Had been curretted and been submitted to various kinds of treatment with but temporary relief. Examination revealed an enlarged uterus which was painful to the touch, cervix eroded and a thick purulent discharge therefrom.

An aluminum uterine electrode attached to the positive post of a constant current battery was inserted in the uterine canal, a large pad was placed on the back over the sacral plexus and connected to the negative post. Two m. a. was given for ten minutes every other day owing to the sensitiveness of the uterus but which was gradually increased to five m. a. for twenty minutes. Three months of this changed the lady to a pleasant, hopeful and ambitious woman.

Intra-uterine electrolysis tends to promote sympathetic nervous innervation with the result that patients will gain flesh and strength. This treatment will also reduce weight where one is bloated from a subinvolution of the uterus with a consequent large abdomen, as the following case will show.

Case 4. Mrs. W.; age 31; height five feet eleven inches; weight 325 pounds; multipera, five children, all healthy, con-

finements easy, personal and family history good. She was an hysterical nervous wreck, the least worry or excitement would cause collapse and unconsciousness; no organic disease. She did not menstruate for thirteen months. Examination disclosed an extremely enlarged uterus, the canal being four and one-half inches in depth; tubes and ovaries free from disease.

The treatment consisted of intra-uterine positive electrolysis with the aluminum electrode about as in the previous case, during a period of two months, in which time she lost about twenty-five pounds. The uterus contracted to nearly normal and owing to illness of one of her children, these treatments were discontinued for about two weeks, in the meantime pregnancy took place and in due time a healthy girl appeared. Three months after this, the mother's weight was only two hundred pounds and never felt better in her life.

I find that a weak current from three to five m. a. for a period of twenty minutes to one-half hour gives better results than a stronger current, say from 10 m. a. or over for a shorter time. It is much more beneficial and soothing, does not cause any disagreeable after sensations as the strong one generally does.

I prefer the aluminum electrode for positive intra-uterine electrolysis in preference to copper or zinc, as it does not adhere to the tissues, acting in this respect like platinum, and with better results than either of the above metals.

I wish to warn you in treating these cases with this modality, it is absolutely necessary to be certain that there is no extensive adhesion in the pelvic cavity, pus tubes nor cystic ovaries. The electrolysis will then stir up a smoldering volcano, and will cause the patient to lose confidence in you, as it will necessitate an almost immediate operation. It may possibly be that the doctor will be held responsible for this septic or inflammatory condition. This will never occur, if on careful examination this condition is excluded before treatment is begun. It is of course to be expected that the operator has made the parts perfectly aseptic before applying the electrodes and which latter have been also subjected to the same process.

The following case will illustrate this point.

Case 5. Mrs. H.; age 22; good personal and family history; no children; wished this condition remedied as she was anxious for a son and heir. Menstruation always painful. Had several falls on account of horseback riding in her early youth.

On examination, found the uterus firmly adhered, stenosis

of the cervix present and a hard, tense sensation on bimannel examination in the cul-de-sac.

Informed the lady that an operation is the only thing that would help her. However, she prevailed upon me to try to obviate that, informing me that several of her friends have been benefited by intra-uterine electrolysis. I consented to do so, with the understanding that if her condition was aggravated by the treatment, I was not to blame. After the fourth intra-uterine seance, she had to be taken to the hospital for an operation.

THE MEDICAL CHAMELEON.

M. F. Bettencourt, M. D., Mart, Texas.

Read before the Texas Eclectic Medical Society.

Some time early in August, there came a letter from our president requesting that a paper be written for this meeting and coupled onto the tail end of that request was the threat that unless the subject of the article were made known without delay, he would start out to get it and that as the weather was so hot he hated to walk so far.

Several days passed on and with them, the request which he made passed into oblivion and perhaps would never have been recalled but for the threat that accompanied it which after the delay returned to my mind with such force as to cause my face to flush—flush not because the delay may have caused him the walk, but because if sole leather were as costly around Waco as it was in the woods of East Texas, during those distressingly healthy days, he might after his walk be compelled to spend too much of his terrestrial existence on natural hide. This thought, I say, caused me to blush and that sudden change of color on myself is alone accountable for the subject selected—"The Medical Chameleon."

That peculiar change of color on myself, made me anxious to say something sweet to a certain class of individuals which, chameleon-like changes color to suit the occasion that their true nature might not be known. Just a word to the fellow who is sufficiently convinced of the merits of his faith to follow its teachings with profit to himself and benefit to humankind but who on account of his jellyfied backbone has not enough real spunk in his mushy make-up to appear in true colors or be proud enough of the stuff he is made of to give credit where credit is due.

There may be some one present who is not of the eclectic conviction. If you are honest in your faith; if you stand for and represent what you believe, we admire your backbone and are glad to have you with us. All we ask of you is that, should you learn at this meeting anything worth the mention, you

"render unto Caesar that which is Caesar's" and do not claim his victories as your own. We have no dislike for a co-laborer because he does not see as we do—it is difference of opinion that leads to investigation and investigation that leads to progress. What we do dislike is that chameleon-like nature of an individual; that Benedict-Arnold way of acting; it invariably makes men hated by their fellow men and so despised by those around whom they "honey-fuggle" that even they must ere long despise themselves.

It is quite probable that these words will not strike any fellow eclectic present, for inasmuch as you have come here to your meeting you show your fidelity to the cause you represent and that you are proud of the name you bear; we, therefore feel honored by your presence and are pleased to clasp your hands and greet you as true and worthy brothers.

Fellow eclectics, at times it may seem quite a little task to shoulder the eclectic standard and work our way up the stream when everybody seems to be flowing with the current; yet, all things worth while are obtained only through persistent toil. We believe we are right so let us keep a-going. Our constant upward tread has already modified the current of the mighty stream and with time, patience and perseverance, if justice is upon our side, we will yet turn the current our way.

The man I wish to impress, however, is the backslider; that poor, pitiful, unfortunate little piece of humanity that to save from injury his imaginary greatness feels compelled to furl up the eclectic banner and hide under the numerically-big fellow's cloak; that fellow who with good reason is eclectic within but who because of a lack of mental stamina is a traitor without.

My wayward brother, what have we as eclectics to be ashamed of? Wherein lies the disgrace? Didn't you in your college course study anatomy, surgery, physiology, bacteriology, etc. as the other fellow did in his? Haven't you studied thoroughly EVERY branch of medicine which forms a part of the curriculum of all just and legally recognized colleges? If you haven't, then you have never completed a course in an eclectic college and have never in one of them obtained your degree; for, study and study alone is the price of an eclectic diploma.

You studied a materia medica whose superiority the world recognizes—is that a disgrace? Abbott, in one of the issues of his journal, amongst other good things had this to say: "It is not our purpose to belittle the magnificient work done by the eclectics. On the contrary we are glad to add our tribute of praise for the invaluable contributions which have been made and are still being made to our native materia medica by mem-

bers of that school'' . . . . ''As we grow to know the men we feel less inclined to require them to think and do exactly as we prefer'' . . . . ''It has been peculiarly THEIR mission to collect this practical knowledge while too much of the time of the numerically dominant school has been given up to theoretic studies to the neglect of the practical side of medicine.'' Brother, is there anything in this to make you want to hide your face? Don't say that Abbott is an eclectic—he is simply a reasonable man, broad enough in his views to see a good thing wherever it may be and just enough and upright enough to give every man his just dues. What are you ashamed of brother? Again I ask you, wherein lies the disgrace? If as an eclectic you have studied all that the other fellow has; if as an eclectic you have a superior materia medica, what, then, are you ashamed of? Is it of the principles you follow—specific diagnosis and specific medication; truths which you were taught, truths which you can not help but believe and practice because your daily experience proves them true? If that is what makes you want to hide yourself, then you are ashamed of what the world admires in you. No less a man than the then renowned president of Rush Medical College, stated, twenty years ago, that the Eclectic School of Medicine had THE METHOD which must be ultimately adopted by the medical profession of the world. ''They must all come to it in time,'' said he, ''as it is the only correct principle.'' What does that mean but that the time will come when eclecticism—its principles, its practice—will become general? And still you are ashamed to be recognized as one of those that were leaders in the right. Why did the late Surgeon-General James Pattison Walker, of England, at his death leave his most valuable private library—a library which the scientific world envied—to the Lloyd Library at Cincinnati? Why did he leave thirty thousand dollars in the trusteeship of Curtis G. Lloyd to be used for the sole purpose of furthering the study of the specific actions of medicines along clinical lines? Because his reading of eclectic principles and eclectic literature caused him to think highly of what you are ashamed.

In this age of medical nihilism, brother, the world needs eclectics and we need you. We want you in our ranks. Don't be ashamed of our numbers, brother—a tenth of the medical profession of the United States in three-quarters of a century is not a bad showing. Come back, brother, be faithful to your trust; stand for what you believe right and show the world what you are. Eclecticism has nothing to be ashamed of, but, rather, much of which to be proud. Though rather youthful in age and of no gigantic size, it has, nevertheless, erected arches of triumph which time itself can never efface. Come back, brother, and open your eyes—that symbolical Grecian lamp of which you were once so proud, you will find still burning. As in years gone by, it is still searching out the truth. In time past, it gave you light; it now offers you more light.

Let its rays shine on you that you may again appear in your true color and cease being like the reptile before mentioned whose very nature is the embodiment of deceit and repulsive to every being.

LABORATORY AND THE BEDSIDE.

I cannot help calling the attention of our pharmacologists, laboratory workers and ultra-scientific physicians in general to a paragraph in Dr. S. J. Meltzer's address before the graduating class of the St. Louis University. (J. A. M. A. Aug. 24.) The paragraph is particularly remarkable because coming from a man who cannot be accused of being "merely" a clinician, who cannot be suspected of a desire to belittle laboratory research. As Department Head at the Rockefeller Institute for Medical Research, he knows the value of scientific laboratory investigation as well as any man living, and his words are therefore well worth pondering over. The paragraph is so good that I prefer to reproduce it in its entirety.

Here it is:—

"As to my friends, the pharmacologists, I risk to say that it would have been better for therapeutics as well as for themselves, if they would have had in addition to their scientific training an actual training in medicine, at the bedside of patients, and not of patients in hospitals, where there are practically no responsibilities to any one in particular, but at the bedside of a private patient, whose mother and wife, with eyes red from sleeplessness and crying, stares at you, watches every movement of yours and begs you for help. You will then cease to be a hypercritical philosopher. It is well enough for pure science to restrict your interests to such statements only, the validity of which has been definitely proved, according to your notion of proof. In medicine there is human life and happiness at stake, and you ought to recognize the undeniable fact that some claims may be true, even if you with your methods have not yet been able to prove them. The history of the use of iron in the treatment of chlorosis ought to be a lesson. While every physician could tell you from his own knowledge that, say, Blaud's pills act in these cases like a charm, great laboratory men like Bunge and Schmiedeberg denied persistently that inorganic iron can be absorbed and thus capable of supplying the iron deficiency of the anemic patient. The struggle lasted nearly a quarter of a century. The trouble with the men, trained exclusively in laboratories, is twofold. First, they do not seem to see that a medical fact, observed critically by a capable physician, deserves as much credence and consideration as a fact developed by laboratory methods, and, second, that the laboratory man offers here positive opinions in a field in which he has had no experience."
—Critic and Guide.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

THE AMERICAN MEDICAL TRUST.

Within the last few years the American Medical Association has been reorganized in such a manner that all other allopathic Medical Societies have become subsidiary to it. It is the hub around which revolves their various state, county and local societies with each member of the wheel so carefully fitted in its place that the aggregate is resolved into a unit. Thus a powerful political machine has been created which is now being used to wrest from the people the right of each citizen to employ the physician of his choice. The A. M. A. has arrogated to itself not only the power to set or change at will the standard for medical colleges and practitioners, but also the triple position of prosecutor, judge and jury. This power, originally vested in the various states and executed satisfactorily by their several officers, has been handed over in toto to an organization having its headquarters in Chicago, and which is therefore, a foreign power in all of our states except one—Illinois.

The man who wields this enormous power is named Simmons. By many he is addressed as "Doctor" Simmons, though it is generally known that he obtained his M. D. degree fraudulently, and that he formerly was an advertising fakir of the rankest kind. But, as he has held the scepter for many years, we must

conclude that he is representative of his organization. He is "strong" as an organizer, and his manner of going about it in each state has been similar in the various states. Briefly it is as follows:

Having completely organized the allopathic members, a bill is introduced into the legislature asking for one mixed board to be composed of representatives from the various schools of healing that had previously been recognized by separate boards. Such a bill became a law in California in 1901 by fraudulent means, and this has been a medical trust state ever since. During the intervening twelve years the Eclectics have protested at each session of the legislature that this law is iniquitous in purpose and operation, and prayed for its repeal. This mixed board always has been dominated by and in the interests of the Allopathic School. It is the California tentacle of the medical trust, and as Eclectics we want none of it. We freely admit that the majority of the members of this board of ours have been honest men, but we just as freely charge that the license to practice medicine in the State of California has been bought and sold during every year of its existence. A year or so ago this board was involved in a public scandal, and now the Board of Control accuses its Secretary of embezzlement. Will the people stand for coercion and rottenness at one and the same time? We think not. And yet, do the people fully understand that we as Eclectics are represented on this board by virtue of a law of which we have never approved, and which we have consistently endeavored to have repealed? Being found with this crowd is some reason for being tarred with the same stick.

It is absolutely necessary that the Eclectic position on this matter should be fully understood by every citizen of California, and this can be done only by heart to heart talks with your neighbors. It is your personal obligation.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis. Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in

Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on January 7, 1913, at the College Building.

The minutes of the previous meeting were read and approved.

Under the head of new business, Dr. Scudder brought up the subject of medical legislation, which was discussed by different members and visitors present. This discussion lasted until a late hour, which necessitated the postponing of Dr. Fullmer's paper until the next meeting, which will be held on February 4th at 7:30 p. m. at the College.

Adjournment.

P. M. WELBOURN,
Secretary.

H. C. SMITH, President.

COLLEGE NOTES.

Herbert T. Cox.

Once more the happy vacation days are over, and everybody is back hard at work. The students all enjoyed the short cessation of the lectures, and even our busy Dean found time to run over to Arizona and forget about College details for a few days. As we assembled for work at the beginning of this year with the unlucky numerals 13 suffix to it, we found that it looked like no superstition but a case of the real thing; for the unusual freakish weather has aided in producing many a Pharyngeal or Laryngeal congestion or graver conditions in several professors and students, Prof. T. C. Young even trying the boyish stunt of contracting measles. And we all were sorry to learn that J. F. Gernherdt had his home destroyed by fire.

The mid-term exams. are on now and the students are all clearing up their work for the first semester, so as to start with a clean record on the second semester which begins January 22nd. Prof. Harvey gave his final examination to the

Seniors in Thoracic Diagnosis, so the Seniors troubles are beginning early.

Prof. O. C. Welbourn has taken the chair of Surgery and will be the permanent Instructor in that branch.

Dr. Seeberger is to lecture to the Sophomores on Nervous Anatomy during the Second Semester.

NEWS ITEMS.

Dr. E. Mather has removed from 168 W. High St. to 46 Warren Ave., East, near Woodward, Detroit, Michigan.

Who wrote "Occipito-Posterior Positions" for the State meeting last year?

Dr. J. W. Williams has removed from Downieville to Sierra City, Cal.

Dr. E. R. Petakey, Imperial, has been a frequent visitor in the city during the past month.

Dr. Clinton Roath, who has had an injured wrist for some weeks, is gradually regaining the use of said member.

Dr. W. S. Gibson was on the sick list recently with an infected finger.

Dr. B. R. Hubbard has been on the sick list for some weeks with rheumatism.

Dr. A. de Monco enjoyed a few days vacation last month with a siege of la grippe.

Dr. M. Blanche Bolton, San Pedro, has sold her old automobile and purchased a new Buick.

Dr. H. V. Brown has disposed of his old machine and has bought a Flanders touring car.

Dr. H. Ford Scudder, Redlands, made two trips to San Francisco last month on business connected with the State Eclectic Medical Society of which he is secretary.

Dr. H. C. Smith, Consolidated Realty Bldg., Los Angeles, has been appointed secretary of the Southern California Eclectic Medical Association to fill the vacancy caused by the death of Dr. W. J. Lawrence.

The following have sent their renewals for this year: Library Surgeon General, Washington, D. C., Dr. C. H. Wheeler, Fall River Mills, Cal., Dr. F. Kattenhorn, Cincinnati, O., Dr. L. H.

Freedman, Crowell, Texas, Dr. J. M. Mulholland, Pittston, Pa., Dr. C. H. Hervey, San Jose, and Dr. J. W. Williams, Sierra City.

The following have taken advantage of the clubbing offer for more than one Eclectic publication: Dr. A. W. Hyde, Brookings, S. D., Dr. A. J. Johnson, Muscogee, Florida, Dr. W. T. Gemmill, Forest, O., Dr. W. G. Choate, Hot Springs, Ark., and Dr. F. G. Mackfessell, Albert, Kansas.

Dr. Q. A. R. Holton, Whittier, made his usual visits to the college last month to resume his class work, which was interrupted by his severe illness last fall.

Dr. W. F. Holman has resumed practice, having recovered from an operation for appendicitis. His address has been changed from the Broadway Central Bldg. to the L. A. Investment Bldg., 8th and Hill Sts.

WANTED—An Eclectic to take the practice of an Eclectic in Northern California for a few months while the Doctor takes a vacation.

FOR SALE—Office equipment and furniture of $1,500 value with practice of $3.000 cash resulting from patronage of the best families in one of the best towns in California, for the price of office equipment and introduce my successor. Address, M. S. K., care California Eclectic Medical Journal.

A SUBSTITUTE FOR OPIUM.

Owing to its freedom from the narcotic principles of opium, Papine (Battle) is an admirable agent for employment when a sedative effect is desired in the irritability of mucous membranes. By reason of its advantage over opium in being free from opium's constipating property, Papine is widely used in conjunction with expectorants in bronchial inflammations. Since these qualities which serve so effectively in reducing bronchial irritations are retained in Papine, the results of its use in inflammations of the air passages may be expected to parallel those of opium or its alkaloids.

Papine (Battle) possesses the distinct advantage over opium, morphine or heroin, as stated above, in being free from the narcotic and convulsive properties of these agents. It may be advantageously employed whenever opium is indicated, possessing the additional virtue of freedom from the disagreeable side-effects of the latter drug. Papine is simply an opium preparation in the manufacture of which the narcotic and convulsive elements have been eliminated—the finished product containing the analgesic and sedative properties of opium.

The California Eclectic Medical Journal

Vol. VI. MARCH, 1913 No. 3

Original Contributions

BURSERA MICROPHYLLA.

Richard E. Kunze, M.D., Phoenix, Arizona.

I called attention to this small bush or tree some few years ago in the Eclectic Medical Journal of Los Angeles, as an excellent remedy in irritation, accompanied by much pain and frequent irritation in some forms of inflammatory condition of the bladder. Quite recently I came across "Contributions from the United States National Herbarium," No. III, issued November 1, 1890, which gives information in regard to an injection for gonorrhoea and as a drink made from the gum of this tree, for the same disease. The article referred to is from investigation by Dr. Palmer, of Washington, D. C., who at the time collected plants for the United States National Herbarium in the vicinity of Guaymas, Western Mexico, which I think is worth copying.

"Burseraceae. Bursera miscrophlla, Gray. 'Torte' in Mexican. A low tree ten to fifteen feet high, a foot or more in diameter with a much branching top. The bark is used for dyeing and tanning and is largely shipped to England. An injection made from the bark is used for gonorrhoea, and a drink prepared from the gum is taken for the same disease."

Dr. Edward Palmer, now an octogenarian is still living in Washington, and in his many visits to Mexico paid considerable attention to cacti and very many other Mexican plants. The bursera microphylla here in the mountains of Phoenix, its most northern latitude, is a very small tree scarcely over six feet high, and at the base only a few inches in diameter. A few French ranchers and prospectors in Telegraph Canyon of the Salt River Mountains, have used its aromatic berries for flavoring soups. But a Mr. Lafe Brunson, who first took me to the locality, himself suffering for years from irritation of the neck of the bladder, and incidentally cured himself by chewing the twigs of this bark, after he had noticed me masticating it to ascertain its possible properties, has nearly exterminated this tree by repeated collecting of its branches, leaves, flowers and

berries, which he gives to anyone he meets similarly suffering. I have just learned that Dr. Tafel is experimenting with it and is having a tincture prepared from it. I very much doubt if a tincture would have the same effect as observed when this drug is masticated. A physician in Nevada requested me to send him some of this drug, which I did. He used a tincture and failed to cure a case of incontinence of urine in a child, and also gave it to an elderly man for irritation of the bladder, also with negative result.

It seems that by the addition of the alkaline saliva an entirely different effect is produced as by an alcoholic tincture. The old-fashioned way of using crude drugs as we did fifty years ago is frequently the most effective way of obtaining a drug action with satisfactory results. Did not the aborigines of this country first make known our most valuable remedies by the use of decoction if not in the crude state? Reason for a moment, brethren. Don't destroy the bridge which carried you safely across a chasm. Homeopathy and specific medication as now practiced is not always the surest way to success, and why? As the late Dr. Alexander Wilder used to say to me: "All diseases will get well without medication." If that be so, cannot we all take a lesson from it, and not wonder of the success the healers of Christian Science have?

I must mention another case of severe cystic irritation, which was cured by masticating the twigs of bursera microphylla. A Mr. George W. Barnard, now dead, who kept a roadhouse on the Tempe road between there and Phoenix, right on the desert where I collected in botany and entomology for years, and often camped with him for two or three days at a time, had, as it appears to me, contracted this irritation from the use of too much alcoholic drink. After using bursera microphylla he had no further trouble with this annoying complaint, which was the result of a recommendation by Mr. Lafe Brunson of Phoenix. Now here is where the audacity of the layman comes in. The average sufferer will clutch at a straw, and cares little whether cured by an M.D., or a mule driver.

Don't let us forget that when an M.D. fails in curing a patient, the latter would just as lief consult and take advice from a bootblack, clairvoyant, farrier, patent medicine dealer, pompous quack or Christian Science dogmatist. Have I not seen many a homeopathist prescribing or giving patent medicine, when their materia medica had been exhausted(?) for the sake of retaining and curing a case of intermittent fever? And did I not have an elderly allopath, who plunged from contraria contrariis curantur into similia similibus curantur, call on me in my early days of practice, to prescribe for him suffering from icterus with a face as yellow as ochre? "For

heaven's sake give me something which will change this color; I cannot afford to see my patients looking as I do," he said to me. "Well, I shall physic you." "Never mind that," he replied, "I must get well." And I gave him a lot of comp. leptandrin pills (two parts of leptandrin and one of podophyllin), three grains each, of which to take from two to three every two or four days until cured. In two weeks his countenance looked natural. This may be heroic dosing, but I have always suited the remedy to the case in the city of New York, where I practiced the art for forty years.

After all the system of galenic medication is one of the strong pillars of Eclecticism, just as much as that of either Samuel Thomson or Wooster Beach constitutes a good second, and of Rafinesques' aboriginal system makes a befitting third pedestal in the foundation of American Eclecticism.

ECLECTIC MATERIA MEDICA.

H. Ford Scudder, M.D., Redlands, Cal.

(Read before the California Eclectic Medical Society.)

As Eclectics we are very prone to sit down, pat each other on the back and say with specific medication, specific diagnosis and our Eclectic materia medica and therapeutics of today that we have the most rational and scientific system of practice. I quite agree with the above assertion and believe that when it comes right down to the point of the practical application of drugs for the relief of various conditions of disease, that the Eclectic practice of today is far ahead of any other. But that isn't enough; we cannot afford to sit still and make this assertion. In this age of progression, with all the new fads, all the hustle and the competition, etc., no one can afford to rest on his oars. We must either go forward or reverse the same as an automobile in a public street. We must make it go one way or the other or some one will push it aside. Now consider our present, up-to-date Eclectic materia medica and our own individual system of therapy. It is taught consistently and is thoroughly drilled into each student in our various Eclectic colleges so that every Eclectic graduate of today has a weapon at his command which enables him to go out in the world and make a success of his profession. Besides, practice and knowing just what to prescribe is our strong point; symptomatology, not nosology; but consider for a moment our heritage; how it was obtained, and how well or how poorly we are guarding it.

The knowledge of Eclectic materia medica that we have today was not gained in a few years; it has taken years of patient toil, self-sacrifice, disappointments and the most careful investigation on the part of the men who have gone before

and on the part of our present Eclectic writers. Then why not try and add our small mite to that fund of knowledge? I don't think it is selfishness on the part of anyone of our members because he does not write an article for The Journal or for his State Society nor disseminate the knowledge of specific medication that he has gained by actual practice. It is more thoughtlessness, or may be laziness. But each one of us should be more than willing to give the other fellow the benefit of his experiences, especially regarding Eclectic materia medica.

The Eclectic Medical Society of California can well pride itself on the fact that we have at least a half dozen men today, members of our own society, who are among the foremost writers in Eclecticism, and whose articles and papers are eagerly sought by our best Eclectic publications. They are patient workers, careful investigators, and are giving the result of their investigations and their labors in the form of papers to our various journals and societies. But what of the rest of us? What are we doing? Are we doing our duty? Should not each one of us contribute his or her part to our Eclectic literature? I think that we should.

While the main object of this paper is a plea for a more thorough study of our materia medica, believe me, gentlemen, I am not disparaging the success and the good results that our men are obtaining in other branches of our profession. We have today in the Eclectic school some of the foremost writers and students on pharmacy, electro therapy, serum therapy, gynaecology, surgery, etc. Men of national reputation, who are making their mark in their various specialties. But the point I wish to make is the fact that we have many men who are capable and who are gaining knowledge of the practical application of drugs in their daily work, who don't do a thing, who sit back and won't write an article, and who do not take the proper interest in the cause of Eclecticism. So I would suggest the formation of a society for a more thorough study of our Eclectic materia medica. Let us form such a society with a membership embracing every Eclectic on the Pacific coast,—Washington, Oregon, California and Nevada. Let us have a special department devoted to this cause in the California Eclectic Medical Journal and with a capable editor and all of us contributing the best that we have, we will soon not only have a national reputation for our Journal, and have each one of us looking eagerly for The Journal every month, but it will be of inestimable benefit to all of us as well as our fellow Eclectics.

DRUG FORCE.

David P. Cobb, M.D., Blanket, Texas.

(Read before the Texas Eclectic Medical Society.)

We live by force. We die by force, perhaps a different force from that which propels life. The vegetable exists and grows by force. The world is a compact of united forces, the very nature of a thing being in existence is prerogative of force. Drugs spend their virtue in the physical economy of this universe by force. With all the investigations that are continually going on in our materia medica we have found nothing new. We may have been able to isolate definite elements. Yet no one will for a moment deny their previous existence in the primary substance. We prate about our single remedies, when nature is made up of compounds. This is true of all drugs. We have learned to appreciate force, whether it be coherent, incoherent, physical, metaphysical or animal. We realize in them a vast difference. They all have power which is the result of force. This same power is eliminative and restorative or else it is destructive and antagonistic to certain well-defined laws for the destruction or preservation of the animal economy. The vital principles are involved and are always subservient to the laws of their Creator and to no other, all are predicated upon the law of cause and effect, all of which are productive of force. Here the cause may be submerged into force and become an effect; an effect may revert itself and become the primary cause. There may be a single or compound force emanating from a given drug. We might possibly recognize a neutral force; if so, it is passive; it could only become injurious as a foreign element; it cannot work actively; for if it did so, it would then cease to remain a neutral force. Everything animate or inanimate that exists, the past, the present and future have been, are and will be propelled by this same dominating force. Man goes down into the several sciences and searches their labyrinthic mysteries for fruitful love, yet we find this same force the most prominent factor. It is the foundation of all existence, the predominating factor that rolls the wheels of time. She takes a man on her beautiful wings and soars away into the realms of enchanting scenery, of the most pompous splendor, lost in the enwrapped environments to all intents he is lost to himself and surroundings. What did it? This same peculiar force, that is productive of molecular exhileration the living principle was infused to a higher degree than had the opposite force been applied.

Under such circumstances the infused reach far above mechanical and other artificial stimulation. The results are by far the most beneficient. The opposite force lowers vitality.

When it is applied to an individual, this world becomes one of sorrow, weal and woe. The finest painting, or the marble which shows all the magnificent beauties brought forth by the sculptor's hand, portrays to them; only bitterness and darkness. He is sunk into the subterraneous regions of ignominy and ruin; his destiny is sealed, so far as he is concerned—that is, his mental and physical properties. This force is injurious to a rightful physiological equipoise. The metamorphical atmosphere which is the habitat of his living principle becomes vitiated, impregnated with foul surroundings. It requires double the amount of energizing force to bring back the lost equilibrium of vitality.

Each succeeding depressant always require more energetic and stable force to recuperate lost power. There are a number and variety of forces existing and emanating from the same and different sources. They can only be productive of two results, exalted or lost energies. They may or may not be instantaneous, I do not know that it makes much difference as the results are certain. Drugs have this same attribute, although possibly the results that follow their administration are derived through different channels, the intensity of which depends largely upon the dosage. The effects are felt throughout the whole system. It permeates protoplasm, cell, tissue and organ. For fear the incredulous will think I believe force is life, I will say life is force and the result of some organized living principle. Some physicians might declare that heat is life. This is not wholly true, for heat may be developed by friction, which is capable of producing force, but not the living principle, life force, and it must operate as generative and non-generative. If heat, electricity and magnetism were life, all we would have to do on a stiff, to bring forth life, would be to apply one of these agents. All these agencies are the result of vitality. The cadaver cannot generate heat, etc., except by decomposition, which does not occur wholly within itself, but it is acted upon and combined with outside forces. It requires living organized power to generate as well as propagate these forces. Thus we see all agents are productive of many forces, which are capable of only two results; there are exalted or lost energies. The size of dose makes little difference only in intensity. If five grains of strychnine is poison to molecular life, so is one billionth part of one grain. The lessening of quantity never, never changes quality! This is an axiom and cannot be gainsaid. Take podophyllum, grind and triturate into one-thousandth part of one grain, it is still podophyllum plus the menstrum. The force and properties are the same as the original root, the difference being only in intensity. It has all the tendencies and likeness of the primary plant. We know

these are truths and must face them. All drugs have a special or elective affinity for certain structures of the anatomy (all drugs are dead material and foreign to the system). To deny this is to deny the curative effect of any therapeutic agent. If they have not these peculiar proclivities, in pneumonitis, why give the indicated medicaments. I would as soon give salts or olive oil. They having no suitable properties for special appropriation, would be as likely to affect one tissue as another. Illustrative, if we give castor oil we expect copious alvine discharges, because it has an affinity; or its force is spent upon the intestinal canal. If it had not this peculiar characteristic, it would as likely affect the skin or kidneys and produce diaphoretic or diuretic properties. If drugs do not have this attribute, therapeuticians will do us a favor to explain and give a legible and philosophical reason for the faith that is in them, as well as why drugs select (are selected) by certain anatomical structures to spend their force. Nothing should ever be added to our therapeutic armamentarium that is in any way deleterious or lowers the living principle of life. When a physician tells me that he uses deadly poisons, as remedial agents in his daily practice, we are aware of one thing—that he has not studied his materia medica as he should have done, neither has he let the natural laws relative to our physiognomy enter his cranium. You might declare the dynamic force of a poisonous drug beneficial. Sir, let me ask you if we have not progressed sufficiently to relegate all poisonous substances to the past. May I again ask, have we not evoluted to a point wherein we can successfully treat diseased conditions without the administration of any medicament? Why not? It is only wrong life, a perversion of the punctuating organs. You may refer me to the indications; or pathological conditions calling for belladonna, in which there is a diminished quantity of blood circulating in the brain. May I again ask, are we so enwrapt in the idea of poisons that it is impossible to relieve this morbid condition without the administration of any drug internally? A hot epsom salt bath for the body and moist heat applied externally to the cranium, will dilate the arterioles, capillaries and blood vessels of the brain and thus get an increased blood pressure and within less time, and no harm will ever result from this agent. Again you might say food when taken into the stomach in an abnormal quantity is a poison. This is absolutely correct. Why not? Anything the stomach fails to digest evolves a poisonous principle from which death may result. We will call your attention to the fact that food proper is non-poison, but it is capable of sustaining life. No drug has this power. We must distinguish there is a vast difference between food and drugs; the poison of the former

was by chemical changes for the want of proper digestion, the latter is poison by nature (excess of carbon over oxygen). Three grains of strychnine is capable of destroying life; it does so as readily as a pint. These deductions ought to be conclusive to any reasonable mind. People are like a herd of sheep. As the force of the current drives them along they sway into line. It is not of their own volition, because they are enwrapt in the surrounding environments of which they are creatures. They are encumbered with relative forces, which are brought to bear upon them. One writer has said to free a people you must first free their minds. If a man steps aside from the pales of old and exploited theories he is ostracised. If this same force has compelled him to do his own thinking he is branded as a quack. We should ever go to the fountain head and search in the labyrinthic mysteries for truths, and bring them forth as glowing, radiant mathematical problems of indisputable integrity and worth for the benefit of humanity. I am aware that I have assumed dangerous ground, i. e., so far as the larger part of practitioners are concerned.

I have unloosened the girdle that binds the cerebellum, opened up the vaults ready to receive any deductions made upon a scientific base by any dissenting brother.

INFORMAL REMARKS MADE BY JOHN URI LLOYD.

Before the California Eclectic Medical College.

(Continued.)

Dr. Munk remarked in his kindly introductory reference to myself, that I had accomplished much, in many directions, in the brief period of a lifetime, and that, too, under exceptional resistances. I agree with what Dr. Munk has said as concerns the resistance to what I felt should not have been resisted in the efforts I was making, but I will add that these very resistances continually spurred me on to greater effort to accomplish that in which I was optimistically concerned. And in this direction let me say that Nature is a good teacher, because, seemingly, in every direction where effort is being made, there seems to be antagonistic opposition, with the seeming object of preventing Nature accomplishing what Nature is attempting to do. For example, the frost comes at a period when the fruit is most easily destroyed in the blossom, and perhaps a single night wipes out of existence an entire crop that Nature has for a year been preparing to shower upon the earth. Again, even more conspicuously Nature seems to nourish and cherish a crop until it is ready to be gathered, and then unexpectedly, as sometimes occurs in the great wheat fields of the northwest or in the great fruit belts of both the East and

the West, comes an unheralded freeze that destroys the crop after its actual maturity, but before it has been garnered. But Nature, undiscouraged, begins over again, and within a few years all evidence of the destruction usually disappears. In like manner, winds and rains and snows and sleet and volcanic catastrophies and fires, everlastingly attack not only the productions of man, but of Nature as well. The upbuilding of centuries may in a few brief seconds be destroyed. The ending of it all is concealed from us, but we can very well comprehend as we balance things together, that the one thing for us to do as we pass along, is to make the best of our opportunities and be content in that we can accomplish; to meet discouragements in an optimistic manner; to adapt ourselves to new and ever-changing conditions, and in the end, utilize our own mentality and our own intellect, philosophically accepting that if we so do, we have fulfilled the object of our earthly life. If the speaker deserves credit for any one personal contribution that he has made, that may be considered as of benefit to those about him, it has been in thus refusing to become despondent even in the face of the most overwhelming disasters and seemingly insurmountable obstacles in the way of his continual effort in whatever came to hand.

Concerning obstacles and resistances I will frankly state that these teachers have been my most valuable companions. Antagonists have contributed in my direction more than have those who have aimed to be helpful. To the frosts of life do I credit the results of my efforts, more than to the sunshine thrown in my direction; for every frost has invigorated me to greater activity in the way of overcoming, through my own efforts, and to the entrenching myself in such a way as to avoid the paralleling of a disastrous experience. The washing out of a foundation, wherever it may have been laid, has led me to rebuild by digging deeper and putting in a more solid foundation than before, and again building upward.

I consider among the most valuable lessons I have ever learned, some that came to me in childhood days, that taught me the nature of humanity and which, childish though they were, lingered conspicuously when in later years older children attempted to follow the methods employed by my boyhood companions. I am speaking now to a circle of friends that may be considered in the light of a family circle. I am talking extemporaneously in the way of personalities that would not be mentioned in a formal discourse, and that are not designed for publication. With this as an introduction, let me relate one of these early lessons, trusting that it will be accepted in the same manner in which it is extended.

When I was a little boy, down in Kentucky, a piece of money was seldom possessed by the children of my community. The boy who received a copper cent became to others a subject of envy, for this was a mark of wealth. One day my mother gave me one of the old-fashioned kind, which at that date were about the size of a silver quarter. I took it to school with me, and soon it became noised about that I was the possessor of that piece of wealth. At recess one of the older boys came to me and advised me in the most kindly manner to be very careful how I spent that money, assuring me that a little boy like myself could hardly be expected to make a good investment that would bring a proper return; and that he would sacrifice his time at noon, and in the grocery store would help me make my purchase, teaching me how to buy chewing gum, or "wax," as we called it, to the best advantage. I thankfully accepted his kind offer, and at noon we sought the village store, where chewing wax was sold in small sticks, about the size of a small lead pencil, about five inches long, and wrapped with red and white paper, the price being one cent a stick. Said this older boy: "Johnny, you are not a judge of chewing wax. I will do the selecting." So he took my cent, and taking in his hand from the storekeeper a handful of the sticks of wax, he very carefully examined them, selecting a stick that had both ends wrapped with the paper turning in the same direction. Calling to my attention the fact that this was one of the tests of good chewing wax, he paid the storekeeper with my cent, and then, as we reached the door of the store he unwrapped the paper, broke off a bit about an eighth of an inch in length and handed it to me, saying: "Johnny, you put that in your mouth and chew it, and it will swell until your mouth is full of the wax. I, being a bigger boy than you, will keep the larger piece, because my mouth is bigger than yours, and will hold more of it as it swells." I chewed, and chewed, and chewed, until finally the trick that had been played upon me flashed through my mind, and I understood that I had been humbugged, for naturally the wax did not increase in size. Now listen, my young friends. I have never forgotten that lesson. It was one of the most valuable that ever came to me. Many times since then have I met men with the disposition of this big boy, who were quite ready to help me buy my stick of wax, and who would have been fully as ready to let me chew the little end of it until it "swelled in my mouth," they keeping the larger end of the investment, and whenever a problem of this kind came, I have thought of that boy in the Kentucky school, and have said to myself, "I will buy my own stick of wax, and will say how this money shall be spent." I wonder if in Los Angeles today there are not some men helping others to buy a stick of wax?

Comes to mind another lesson of those days that to me was equally as valuable. Our village home was then on the banks of the Ohio, far below Cincinnati, fronting the river. Occasionally a piece of slag, like pumice, floated down the river from the furnaces above. I had never happened to own a specimen of this, but one day one of the big boys of the town had a piece in his pocket and selected me for his victim. Said he: "Johnny, did you ever see anything like this? This is what sponges are made of. You take this and bury it in the earth, and it will turn to a sponge and grow bigger and bigger, and whenever you need a piece of sponge, all you have to do is to go and cut off what you want and cover up the rest and it will keep on growing, just like horseradish, and you will have all the sponges you want to wash your slate with. Now of course I can't give you this without pay, but I will trade it to you for your shinny stick. You can easily make yourself another one, and then you will have both a shinny stick and a sponge." Of course I fell into the trap and gave him my extra fine shinny stick for the "sponge seed," which I buried according to directions by the side of the house and went to school. I couldn't wait for it to grow, but dug it up again and again to see if it had begun to change to a sponge, until finally it occurred to me that again I had been beaten. I wonder if in Los Angeles there are not some men trading "sponge seed" for shinny sticks?

How many times in life have I applied that lesson I cannot say, but whenever an investor has wished to impress me with the idea that the thing he represented was a fact when to me it seemed questionable, I would say to myself: "You may bury that slag yourself and watch it turn to sponge, for I want none of your investment. You may then wash your own slate with the sponge that you have created; I will hold on to my shinny stick."

In referring to these two incidents, let me call to your attention that such lessons as these come to all, and that they are useful to us only in proportion as they are properly interpreted. The wrong comes when we let them slip by us without utilizing them, and thus fail to take advantage of an opportunity presented. How many men there are who, with an inheritance they have gained, let some other "big boy" spend it for them! How many Americans there are, many no doubt in this very city, who have put some find that they have made, into the hands of some "promoter," with the expectation that their money will increase many fold, like the slag that was to turn to a sponge!

In closing, let me urge those of you who are before me, to remember that as regards numbers of students, this school in

which you are studying is one of the minor teaching institutions, and that in this sense the school is not as conspicuous as though it numbered thousands of students in attendance; but in my opinion, this very fact is of the greatest advantage to those of you who are here. In my opinion, the smaller the class, providing the teacher is well fortified, the better the opportunity for each member of the class. Students and teachers come closer together. Every boy or girl is known personally to the teacher, who comprehends just what each needs in the way of helpful instruction. He comprehends fully the idiosyncracies of each pupil, and can guide each into useful channels of activity that would otherwise be neglected. He can take an interest in the backward, as well as the forward student, can help where otherwise he would find it impossible to guide. To be a minority school as regards size, is not, in my opinion, a mark of inferiority, nor is it the money side of the problem that appeals to me. The work accomplished is the object, and the end.

Anybody can become a member of a majority school, or a majority party, whether it be in religion, in medicine, or in politics. The majority catches the larger numbers; the minority appeals to him of ideals. It is the minority that, wedging into new fields, moves men onward and upward, in politics and other directions. Out of the minority come the idealists, who finally take advantage of opportunities that are in turn seized upon by the majority, to benefit the people at large. Sometimes the majority is so dogmatic and set in its narrowness, as to make it necessary to turn them out of place. Then the minority becomes the majority, and as with the seasons, the process is repeated, over and over again. Seemingly, here we have Nature again exemplified in resistances against things that should not be resisted, or in catastrophes that follow the passing of the seasons. Listen! Men of weak calibre and of small brains can afford to be in the majority. They seldom seek the minority. The majority too often follow a leader, stepping duck-like, one after the other, perhaps following in the very footsteps of the leader. A very narrow path is that, and sometimes leads to destruction. With these thoughts in mind, may I not ask that you have no fear of the word "minority," but that you will pass on through life doing good when comes the opportunity, and scattering blessings wherever you have a chance, be they small or great, practicing a system of medication that is kindly and idealistic as concerns the people benefited thereby, serving each and all of the community in which you live, and receiving in return a good living and an honored position in society, for this is rightfully due to him who contributes to the welfare of society at large.

AMMONIUM CHLORIDE.

Oran Newton, M.D., Long Beach, Cal.

(Read before the California Eclectic Medical Society.)

The following indications are suggestive in the administration of this chloride:

Deficient capillary circulation, evidenced by dusky redness of the skin, the redness disappearing on pressure and returning slowly. Cough of a rasping, irritating, tight and harsh character when the secretions are scanty and tough; also cough depending upon hepatic, gastric or intestinal irritation. The dose is from one to thirty grs. It is not necessary that large doses be given as excellent results are obtained in doses of less than one grain.

Ammonium Chloride is a stimulating expectorant acting upon all mucous membranes, and is a common ingredient of many extemporized cough syrups. It is especially useful in catarrh of the bronchi with relaxed and debilitated mucous membranes.

In the treatment of Pneumonia excellent results are obtained from the administration of amonium chloride from the first. If the patient be a man of rugged constitution give ammonium chloride in from two to five grain doses every two hours. It is best prescribed in an aromatic syrup as it has a pungent salty taste. This chloride has high repute in the treatment of catarrh of the stomach, with anonexia, bad taste in the mouth, flatulence, coated tongue, etc., in short the symptoms of so-called "billiousness;" also, in chronic congestion of the liver, Jaundice from catarrh of the bile ducts, and will be found of great service in colitis or ilio colitis and will relieve the irritation and pain present. This agent should be used in the treatment of chronic prostatitis. It may be given for a short time in large doses, and then continued in small doses, the large doses to be given again if occasion demands. Many physicians claim that it is a positive cure in the treatment of Prostatic enlargement. It soothes vesical irritation, relieves tenesmus, overcomes the mucopurulent discharge, and adds tone and vitality to the parts. It is said to be remarkably efficient in straightening up a victim of acute alcoholism; administered to one on verge of delirium tremens, in dose of thirty grains in half pint of water, swallowed at one draught, it is said to restore the patient's faculties so quickly as to astonish those who have never seen it so employed. The drug is a stimulant to the capillary circulation and will be found of benefit in exanthematous fevers, favoring the eruptive process, especially if there has been a recession. Locally in solution, it has been well employed as a lotion for inflammatory swellings, as sprains, inflamed joints, parts threatened with gangrene, and painful glandular enlargements. It is also employed to remove ecchymosis of the surface of the body, especially of the eye lids. A hot solution will quickly overcome the discoloration of a violent contusion.

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THE LEGISLATOR'S RECESS.

At this writing the people of California are "trying out" the innovation of having a recess of thirty days during each session of the legislature, the object being to give the people a chance to express their views on the various bills introduced, before final action is taken. If you have a reason for liking this bill or disliking that one, it is your privilege to button-hole your legislator and tell him all about it. The plan was introduced to strengthen the popular form of government, and its practical application has proven to be a success.

From personal experience we conclude that the legislators rather like it, for they not only give courteous attention, but the questions they ask show that they are seeking for the facts. In the matter of medical legislation we are vitally interested, and it is our duty as well as privilege, to show them wherein the present law creates and maintains a "medical trust." This law was made in the office of the A.M.A. in Chicago, and is now and always has been administered from that Sanctum Sanctorum. It is so drawn that our governor is a mere puppet to be moved by wires pulled from a foreign state, a condition of affairs which is intolerable to an intelligent and freedom loving people.

We must have a new law in which all of the requirements to practice medicine in this state are set forth in detail. Make

it clear to the legislators that we do not advocate a lowering of the standard, but that this legislature is just as capable of fixing that standard as is the A.M.A.

Furthermore, such a law can and will be enforced by our governor in a fair and impartial manner.

Also we must have reciprocity. There are many states which have as high a standard as our own, and these reciprocate with each other. But California stands aloof. Why this dog-in-the-manger policy? Are we afraid of the competition of our peers? Certainly not. At least Eclectics are not. The record will show that we have appeared before every legislature for years asking for reciprocity.

These demands are perfectly fair and we get them from the present legislature because they intend to do the fair thing. They are provided for in the Assembly Bill No. 501, introduced by Mr. Gelder of Alameda. It will come up for consideration in a short time, and it is your personal duty to Eclectism to point out to your respective legislators the reason why this bill should become a law.

THE HOSPITAL YEAR.

The Board of Regents of the State of New York has recommended the legislature to pass a law requiring candidates as a preliminary to the State Board Examination to show evidence that they have passed one year in a hospital, either in the capacity of internes or as clinical clerks. It will be of interest to examine this proposition from two standpoints, that of the candidates and that of the hospitals.

So far as the prospective physicians are concerned, it is quite obvious that it is of advantage to the public that they receive their licenses to practice medicine only after fullest proof of competency. It would be delightful if no one was allowed to practice medicine nor surgery nor any of the specialties except tried and proven experts. We should all of us like to be the peers of men like Osler, Janeway, Murphy or Keen. It is quite evident, however, as these men attained their eminence after years of actual practice that their successors will have to gain their knowledge and pre-eminence in the same way. The hospital year whether passed as interne or clinical clerk can be no more than a beginning. It is also evident that if the recommendation of the Board of Regents becomes a law, of necessity many candidates for a license will prefer to present a year as clinical clerk, rather than a year as interne, since to present the year as interne would require the majority to submit to what would be in effect a year and a half of waiting and not a year. Hospitals do not make a clean deck the first of June and put in an entirely new force

of internes. Moreover the term of service of hospitals varies greatly, from one year up to two years and even longer. Take those which, few in number, have a one year term. If the number of internes on the house staff numbered four which is rather a small average, it is evident that but one of the four could enter the hospital and so be eligible, one year later to the State Board Examinations. Two men might enter together if the service was divided strictly into medicine and surgery, but this is not usual except in large hospitals which require a much larger staff than four men and also a longer term of service, nor would such a division be advantageous sided. It is fair to suppose that a hospital with a house staff of four men would take a new man every three months. Thus A alone entering in June on receiving his degree would have but a single year to wait before becoming eligible for his would be compelled to wait fifteen months after his four years State examinations. B, entering the hospital in September, course in medicine. C, entering in December, eighteen months and D, the man securing fourth place and entering in March would have to wait twenty-one months before eligibility.

The average time which would elapse before eligibility could be secured would be sixteen and one-half months, but as eligibility and an examination period would not necessarily coincide it is evident that the time at which a candidate would secure his license might extend under this minimum hospital system to almost two years. The hospital year therefore does not mean the extension of the medical course to five years, but to almost six, unless the State Board is prepared to hold examinations every three months. Even then, it is evident that the average course will be almost five years and a half. But many hospitals will be unwilling to adopt a one year system. Experience has shown that there are most serious objections to so short a term. If the service is a mixed service and this will usually be the case in a hospital requiring no more than four internes, the successive positions will usually run somewhat as follows: junior physician, junior surgeon, house physician, house surgeon. The hospital therefore has the services of a house physician for but three months and that of the house surgeon for the same length of time. Whatever may be said of such a system as applied to medicine, it is distinctly bad for a surgical service. This hardly requires argument, it is so obviously true. We may therefore expect many hospitals to decline to impair their efficiency by changing from the longer term to which they have been accustomed, to the one year term.

The effect of this would be evidently to still further lengthen the medical course so that for the majority of men

it would easily extend well into the seventh year on account of the necessity of waiting for vacancies. It is quite true that a considerable number of men possessed of sufficient capital to make the long wait possible already take hospital positions which entail a long service, but it is one thing for a man to do voluntarily what his capital permits him to do and quite a different thing for the state to compel him to do something for which his means may be inadequate.

Already the age of earning capacity of the young physician in this country is much greater than it is in Europe. This is partly accounted for by the peculiarity of our educational system. Can we afford to still further lengthen the period of probation so that a man will reach the age of twenty-six or twenty-seven years before he can even think of earning a living? The proposed situation is one that at least admits of discussion. Its merits are by no means entirely obvious.

What is to be done with the man who earnestly tries to get a hospital position and fails to do so? Does the State intend to make it obligatory upon all hospitals, public or private to open their wards to men who may be distinctly objectionable as internes? ! What is to be done with the interne who is dropped from a hospital for some breach of discipline? Suppose Cupid plays a not unusual prank and the young interne goes out with a nurse and both are caught by the argus eyed supervisor or superintendent, "Off with their heads," says the book of rules. The nurse thereupon loses the few months which she has served in the hospital without compensation, but the interne loses the opportunity to take his state examinations in this state and must go elsewhere to practice medicine. Yet he has violated no law of the state nor has he necessarily committed any sin against the moral law. On the one hand the state says to the young man you must show evidence that you have passed a year in the hospital, on the other, the hospital superintendent says "you have violated rule X of the regulations and must go. We are not concerned with your state examination." It is all very well to say candidates for examinations must obey the hospital regulations or take the consequences. To deprive a man of a few months of hospital experience is one thing. It is quite a different matter to deprive him of the power to earn his living, for a mere youthful discretion. Yet an obligatory hospital year might do exactly that very thing.

From the standpoint of the hospital, it is evident that to enable candidates to comply with the new requirements its doors must be thrown much wider than at present. What about competitive examinations? How can the state permit competitive examinations, which are destined to pick out

exceptional men when it requires all students of medicine to take a hospital year? What equity would there be in permitting the large hospitals to continue to hold competitive examinations, in which to be successful most competitors enter special costly hospital quizzes yet compel smaller hospitals to accept all comers with a degree. If the hospital year is to be made obligatory it is incumbent on the state to provide hospitals for all candidates, but how can this be done until the hospital becomes a state institution under state control as in Germany and France?

What will the proposed system advantage the hospital? It seems reasonably certain that if this recommendation becomes a law the term of service in the hospitals will have to be uniform and all be reduced to one year. The disadvantages of such a system have already been pointed out. It is bad both for the individual and the institution.

There is one way in which the disadvantages of such a system might be obviated and that is by having a paid resident staff of indefinite tenture, under whose instructions the hospital work might be continued with the assistance of the medical student. This, of course, would add a considerable item to the hospital budget. Are hospital trustees fond of adding to the expense account? Yet all these things require consideration when we talk of an obligatory hospital year.

The proposition that the medical student shall become a clinical clerk and not an interne is interesting. With the exception of the histories, which are for the most part already sufficiently bad without being made worse, the clinical records of the hospital are made by the nurses, whose duty it is to make the vital records and observe and put in writing the changing symptoms of the patients under their care. Is this work to be taken from the nurses and transferred to the hands of the clinical clerks? What then is to become of this part of the education of the nurse? The medical school of the nurse is the hospital. She gets all her training within its walls. Under the new system is she to become a maker of beds, a giver of baths and a subordinate to a lot of medical students? We wonder what the authorities of the State Nurses Association will say to that proposition, who already wish to make of the nurse a near-physician? From the hospital standpoint, the introduction of a lot of clinical clerks would result in a good deal of confusion and make the nursing problem, already not without difficulty, worse than at present. So far as history taking is concerned every hospital physician knows how bad is the present system. The junior on the staff is usually the historian. He is just out of medical school. Under the competitive system at present in vogue, he is a

picked man and yet he does badly enough. Why should it be otherwise? It often takes some skill as a cross examiner to elicit a correct history. The only man really competent to get a correct and satisfactory history is the visiting physician. It would be possible and highly advantageous so far as the quality of the histories is concerned, if all histories were taken by the visiting physician and dictated to the clinical clerk. This again would add to the burden on the visiting staff, which in this country serves without compensation—whose members indeed are expected to support the hospital by the sums paid into the treasury by their private patients.

The hospital year is an admirable project theoretically, but there are evidently several view points from which it may be observed which throw some sharp shadows into the perspective.

Without doubt, however, all difficulties and objections will be readily solved by the enthusiastic theorists. The public will doubtless welcome our increased efficiency. Our incomes will grow pari passu with the increased cost of our investment. Law makers will continue to turn a deaf ear to our good friends, the quacks as they demand state recognition and joyfully enter into competition with us. Everything will be lovely for everybody but the doctor. Medicine is already the most difficult of all professions to enter, the most costly in the training and years of study required and offers the poorest financial return on the investment of any the learned professions. The profession wishes to increase its load. The State hastens to assist. "Issachar is an ass bending between two burdens."—Editor of New York State Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Feb. 4, 1913 at the College.

There was the usual good attendance of members and visitors.

The evening was spent in a general discussion of various therapeutic remedies, especially those applicable to rheumatic trouble.

The next meeting will be on March 4th, at which time Dr. H. Ford Scudder will read a paper.

Adjournment. H. C. Smith, Pres., P. M. Welbourn, Sec.

COLLEGE NOTES.

Herbert T. Cox.

Several volumes of good and useful books have been lately added to the college library by the kind donations of H. K. Stratford, M.D., of Chicago.

Mr. C. L. Stammers was a sudden caller at the college one day recently, having come down to get Professor Baird to go and see his father, who was dangerously ill with pneumonia and complications. We learn that his father is much improved at this time.

Professor Newton showed up at his lecture recently with a missing incisor. When asked what was the matter he laughed. Wonder if it was a stray Mexican bullet that did it, or if not, we still more wonder what the other fellow looked like.

The senior class has its regular meetings at stated intervals and they are waxing warm and interesting as the close of the term approaches. Keep your eyes on these columns to see what is going to happen in May. From present indications, if the faculty does not flunk too great a percentage, the largest class will be graduated since the college came to Los Angeles. They have a few things working up their sleeves which they will try and juggle out to their friends when the proper time comes.

The student-body of the C. E. M. C. held its February meeting Monday evening, February 11th. A good attendance was present, probably on account of the fact that a good feed had been promised. The usual business was transacted, and the meeting turned over to the entertainment committee with Mr. Prince presiding. A talk was given by Mr. Cox on "The Student-Body, Past, Present and Future." Dr. Seeburger was to have read a paper, but was absent. President Calloway filled in the time by asking each member present for their idea or definition of Eclecticism and many interesting points were brought out in the discussion. The beautiful repast was then

served by Mrs. M. E. Kerr and Miss R. F. Wirick. Everyone enjoyed this and voted that the refreshment committee be continued.

The seniors had their final examination on the eye by Professor Duncan. Professor Newton also gave the freshmen their final in hygiene.

Ask Dean Munk how his baseball team is getting along; also please send all dates for games to him, as he manages the team.

Mrs. H. R. Evans has been on the sick list, but is now much improved.

NEWS ITEMS.

Dr. A. Vos, Cincinnati, is a new subscriber for 1913.

The regular monthly meeting of the Los Angeles County Society will be held on March 4th, at the College.

Dr. C. N. Mosher, Kinsley, Kansas, is visiting in Southern California and is considering a change of location.

Dr. A. E. Byron, Oakland, is spending some time in Los Angeles and may become a member of the Southern Eclectics.

Dr. H. Ford Scudder announces the removal of his offices from Redlands to 337½ South Hill St., Los Angeles.

Dr. C. J. Lawrent, Elwood, Nebraska, sent his subscription some weeks ago, but it was lost in transit. However, the matter has now been adjusted.

Dr. A. W. Davidson, Poplar Bluff, Mo., who has been a subscriber since the Journal began publication, has sent his renewal for another year.

Dr. Willima Soenneken, of New York, visited Los Angeles three times before he could come to stay and has bought himself a home at No. 620 Benton Way.

Dr. M. S. Kelliher, Lompoc, has removed to 433-434 Ochsner Bldg., Sacramento, and will devote his time to diseases of the eye, ear, nose and throat.

Dr. E. Mather, Detroit, and Miss Anna M. Briscoe were married on January 25, 1913. At home after March 1st., 46 Warren Ave., East Detroit. The Journal extends congratulations and best wishes.

The following have sent in their renewals to the Journal for the coming year: Dr. G. W. Bryant, Truckee, Cal., Dr. W. C. Fox, Kennett, Cal., and Dr. C. S. Clark, Arroyo Grande, Cal.

Dr. J. Liftchild, Ukiah, paid a short visit in Los Angeles last month. It was the Doctor's first visit in many years. We hope he will not stay away so long again.

Dr. Henry K. Stratford, of Chicago, made a liberal donation of medical books to the College library recently that are received with thanks. They were stored for a time at the Fellowship Farm near this city and were brought in by Dr. H. C. Smith in his automobile.

FOR SALE—Southern California. O__ce furniture and practice. Growing town. Insurance and railroad work. Collections good. Going to Europe for Post Graduate. Price right. Address, Care of California Eclectic Medical Journal.

There is a good location in Northern California. The Eclectic wishes to change because of health and will sell his place, including static machine, furniture, etc., for one thousand dollars. He has a small sanitarium accomodating six patients in connection with his office.

READING NOTICES.

In the early stage of phthisis Cord. Ext. 01. Morrhae Comp. (Hagee) does more good than any other medicinal agent. Even when symptoms of secondary infection are prominent, such as fever, sweating, and rapid wasting, it is well borne. It is also valuable in preventing the development of tuberculosis in those who, through physique and heredity, have a marked predisposition to the disease.

Cord. Ext. 01. Morrhuae Comp. (Hagee) improves the general nutrition, increases the number of red blood cells, and favors the accumulation of fat in the body and does not excite nausea, eructations, vomiting and diarrhea.

VAGINAL DISCHARGES.

In many instances vaginal discharges persist for the reason that no energetic local measures are taken to combat the causative condition. Thus, in vaginitis, of either specific or nonspecific origin, if local applications in the form of tampons soaked in antiseptic solution of positive value were employed in a systematic manner, relief would follow. In this connection the more than ordinary value of ECTHOL (Battle) in vaginal discharges may be mentioned. In vaginitis, used on tampons, it exerts its germicidal influence on the causative organisms and brings about a gratifying relief from the annoying features accompanying the vaginitis. ECTHOL will also be found of much service in cervical erosions.

The California Eclectic Medical Journal

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Original Contributions

THE SYMPATHETIC NERVOUS SYSTEM AND PRACTICAL PHYSIOLOGY.

B. E. Fullmer, M.D., Los Angeles, Cal.

(Read before the Los Angeles County Eclectic Medical Society)

When any writer presumes to present a paper to a group of his colleagues, they naturally size him up and in effect decide in advance about what he is going to spring on them. Thus they expect the surgically inclined brother to tell them the latest along his line, and would be rather disappointed if he should devote his time to materia medica. The bacteriologist must give the latest change in the habits of the elusive microbe, that we need not feel embarrassed if we should chance to meet Mike as he travels "incog" in the public domain. The obstetrician, following the style of the so-called "nature-fakir," must tell us of "the wild presentations" he has known; and so on down the line.

Even should the essayist be our worthy Dean, in a purely medical production from his pen, if presented under a "nom de plume," some reference to the sand dunes of Arizona or the cliff-dwellers would betray his identity. Because of this innate peculiarity of each of us, and my being private tutor to the kindergarten class of the college, you have doubtless come prepared to review your a b abs tonight. But even as the learned lore of the senior has its practical side, so may the a b abs be made to spell the longer words of practical experience; and tho this paper is a purely freshman presentation of nervous physiology, it is hoped that even it may have a practical value.

As intelligent knowledge of the running of any machine must be based on a knowledge of the machine itself; so must our intelligence of physiology, the running of the machine, rest upon a corresponding anatomical knowledge of the body itself. For this reason a brief review of the nervous anatomy may not seem out of place.

This has two major divisions—the cerebro-spinal and the sympathetic—closely associated yet differing in many respects. The first embraces the brain, the spinal cord, 12 pairs of cranial nerves, and 31 pairs of spinal nerves, the whole like an inverted tree with its branches. The principal parts of this system are securely hidden and protected by the cranium and spinal column, or deeply laid in the softer tissues. Each of the spinal nerves has an anterior motor, and a posterior sensory root, and manifests both these functions to the extreme distribution.

The foundation of the other—the sympathetic nervous system—is the gangliated cord, a double chain of ganglia extending from the base of the brain to the tip of the coccyx, and approximating in number and level the spinal nerves Vertical fibres connect each ganglion with the one above and below, while cross fibres join those of the same level, the whole being not unlike a diminutive rope ladder dangling in front of the spinal column.

It is at this point that we find the anatomical junction between these two systems. Uniting these ganglia with the spinal nerves we find two sets of nerve fibres, one white, the other gray,—the rami communicants. The first set, found from the first thoracic to the third lumbar, are medullated fibres originating in cells in the lateral portion of the cord, and belong to the cerebro-spinal system. The second, or gray rami, have their origin in each of the sympathetic ganglia and connect with all of the spinal nerves after their exit from the spinal column, each nerve trunk after this union possessing motor, sensory and sympathetic fibres and functions—a wonderful trinity when fully considered.

Still the picture is incomplete. From the pre-vertebral ganglia, in addition to the vertical, transverse and peripheral branches, another group which we may call the anterior trunks pass forward toward the body cavity, ending, as their direction would indicate, in the viscera, but always passing to or thru an intermediate group or groups of ganglia whence arise the plexuses that supply stimuli to the organs themselves. Thus the three cardiac nerves from the cervical ganglia supply heart and lungs thru the cardiac and pulmonary plexuses; and those from the sixth to the twelfth dorsal ganglia—the three splanchnics—largely control the abdominal viscera thru the solar plexus and those associated with it.

It is thus seen that the sympathetic nervous system forms a great series of reflex arcs from the surface to the center of the body, each area of the skin being in more or less direct anatomical association with some internal organ. To illustrate: The spinal dorsal nerves, 6-12, are distributed to the lower thorax and upper abdomen. Tracing their associated sym-

pathetic fibres inward to the corresponding dorsal ganglia we pass directly via the splanchnics to the abdominal viscera, the stomach, liver and intestines. A score more of very direct examples of this association of skin areas with internal organs might be given.

The gross structure and association of these two systems having been shown, let us look at some of the differences in structure and function. Histologically, the one is medullated—the other is non-medullated: of the muscle control, the one is voluntary—the other involuntary: mentally we control the one—the other controls us: as to life itself, the one may be almost absolutely functionless, and yet we live—death follows instantly if the other ceases its work.

Coming now directly to the functions of the sympathetic nervous system, we find two o'ershadowing all others—the control of the circulation thru its influence on the vascular muscle fibres, and the glandular secretions. These two are intimately associated, for secretion must be in direct proportion to the blood supply as from this source comes the material for gland activity. Conversely, no stimulus to secretory epithelium could avail in the absence of a plentiful blood supply.

A functional peculiarity of a sympathetic nerve is that any stimulus applied to it is transmitted along its entire course and exerts a similar influence upon all structures supplied by it. So striking is this peculiarity that each of these nervous arcs may be likened to a rural telephone line where each neighbor has his receiver down awaiting the news and a speaker is heard all along the line.

Even this casual study of this part of the nervous system would suggest the possibility of using these surface areas as a means of treating or influencing the associated organs; and it furnishes an intellgent basis upon which to work with a great many local applications. Used properly we may feel the utmost assurance that the effect being produced upon the surface is being duplicated in the associated organ, and we can read these effects as an open book.

Again entering the field of illustration. All physicians will at times use hot application or counter irritants for internal pain, and with success. How does it work? The heat is not transmitted directly thru the tissues to the suffering organ, for once it is applied to the skin all the vessels are relaxed and filled to the utmost with blood, the heat being rapidly absorbed and borne away on the crimson tide. As it has to pass to the lungs and heart before it can reach the seat of pain, and all parts share and share alike after this dissipation, it is not by direct contact that the benefits are secured.

Why then the relief? Simply because the relaxing application on the surface area has transmitted its influence along the reflex arc to the suffering associated organ where a similar relaxation takes place and the pain vanishes, sometimes as if by magic.

Will not the anatomy and function of these reflex arcs suffice to explain many things? A young woman chills her feet and the menses stop. Why? Because the same influence that contracted the vessels of the feet was transmitted directly along the arc to the associated pelvic organ, which became similarly affected. Mother or Aunty proposes a hot foot bath which restores the flow. Why? Because the relaxation of the vessels of the feet is likewise sympathized in by these organs to the relief of the patient.

Or turning to the secreting organs as the liver or stomach. How may a sluggish liver be encouraged to do its work? Increase its blood supply, which may be done by hot applications over its reflex surface area. Has the patient hypopepsia—too little secretion? How may it be increased? Increase the blood supply by hot application over the surface reflex. How relieve him if he has too much secretion? Decrease the blood supply by applying an icebag to the surface area and the deed is done. These examples illustrate the method and philosophy of those institutions that specialize in hydrotherapy, oftentimes with brilliant success.

But the secret, or rather the reason and logic of it all, is found in an understanding of the distribution of the spinal nerves, the organs and areas associated together by the reflex sympathetic arcs, and the function of the latter in the control of the circulation and secretion. And the keynote in handling this part of the machine is, "Watch the surface area" and know whatever you are doing there is being done just around the corner where the associated organ is receiving the influence that the treatment or application is sending to it over the sympathetic arc,—the rubber-neck telephone line.

"OCCIPITOPOSTERIOR POSITIONS."

J. B. Mitchell, M.D., San Francisco, Cal.

(Read before The California Eclectic Medical Society.)

This unfortunate complication of the second stage of labor is, in the opinion of the writer, of far greater frequency than is generally recognized by authorities on the subject. The termination of labor following its occurrence, whether successful or otherwise, may be influenced by so many factors that it will be impossible in an article of this scope to more than touch upon any except those immediately appertaining to the average case.

There is no doubt that the long rotation will take place in the majority of such cases, thus converting the position into a normal occipitoanterior, also that if intelligent aid is rendered at the proper time it will assist Nature in correcting many more. Cases amendable to correction should not be considered in this article, as my purpose is to deal only with persistent occipitoposterior positions.

Elaborate articles have been written and beautiful cuts made illustrating an easy and sure method of diagnosing a position, but after the last word has been **Written**, upon the subject, the man who does the work will often find it difficult or impossible to satisfy himself as to diagnosis, or, if so, he is later chagrined to find that he has been mistaken. This may be due to one or more of several facts: namely; The lambdoid fontanelle may be completely closed, a not uncommon occurrence, or it may be open and diamond-shaped, instead of normally triangular, owing to a separation of the two halves of the occipital bone, or, a very common condition, the cranial bones may be normal and a large hematocele may occupy the entire presenting part, with the fetal head so tightly wedged into the maternal pelvis that it will not admit the examining finger. The writer has often been able to diagnose correctly a wrong position and in many instances was able to correct the same, but when corrected the normal maternal efforts were not sufficient to advance the head, owing evidently to some interference of the cord, or possibly of the shoulders, and yet when allowed to come, in the position Nature selected, it would advance regularly with every succeeding pain; in such event there is no question as to the course to be followed by the accoucheur.

Admitting it possible to correctly diagnose the position, and that all other points are normal, let us consider briefly a procedure that will, so far as may be, secure safety to the child with the least possible injury to the pelvic floor.

The average cut represents the occiput in the hollow of the sacrum, with the soft parts and coccyx completely preventing any possible advance. Such a condition, while not absolutely absurd is greatly exaggerated, as we well know that the average case of this kind will terminate spontaneously after some hours of delay, with the fetal head rather badly moulded and with more or less injury to the maternal soft parts, only occasional cases absolutely demanding the use of instruments.

The writer's method of management at the stage mentioned above is as follows: place the patient in the left lateral position, but allow her to assume her own posture with reference to the pelvis and direction of the parturient canal, as

a woman's intuition at this time as to her best possible attitude is often a matter of astonishment to the attending physician, and he should not oppose her unless sure he is right.

With each succeeding pain distend the perineum and coccyx as far as possible without causing injury, then, as the advancing head crowds against the perineum keep it firmly pressed towards the sacrum, and while held in this position allow the head to dilate it, but do not, under any circumstances, allow the advancing occiput to dislodge it from the position mentioned. The object of this method is to reverse the order of a normal delivery, and allow the occiput to pass over the restrained perineum as it normally would under the pubic arch. At first thought it would seem impossible to hold the perineum closely enough to the sacrum and coccyx to permit this, but it is surprising the assistance Nature will give in the matter of adjusting the female pelvis to the requirements of the unnatural position.

A failure to get complete dilation of the perineum may often be due to a difficulty in approximating the anterior commissure of the vulva to the pubic symphysis; the integumental opening is usually of sufficient size to admit the passage of the fetal head, but owing to the inelastic condition of the subjacent tissue, the mons pubis and labia minora, the normal motility of the superficial structures is interfered with.

While distending the perineum it is wise to crowd backwards the superficial structures in an effort to approximate the integumental opening to the outlet of the bony pelvis; much may be done in this direction, if efforts are made during pains.

By using the above method which is not new, but only an extreme application of an old measure, the writer recently delivered two cases, without a particle of laceration and several others with but small superficial tears.

It is hardly necessary to recommend immediate repair of any perineal laceration, as that custom is now almost universal. It should be done, not alone for the future welfare of the patient but mainly because of the danger of infection during convalescence.

INDIFFERENCE OF ECLECTICS.

J. E. Cutler, M.D., Crosby, Texas.

(Read before the Texas Eclectic Medical Society.)

The object of this paper is to arouse the interest of the Eclectics of this state, in the hope that it will cause them to become more enthusiastic and therefore let everyone in reach of them know that they are Eclectics, and that there is a

difference in the teaching of the Eclectic School of Medicine from all other schools and what that difference is.

Teach people what Eclecticism is and I am sure the more the people find out about our system of medicine, the more respect they will have for us as a school.

Most of our Allopathic brethren claim that there is no practical difference in the practice of the different schools of medicine, because they know nothing of our methods, and perhaps they have talked to some weak-kneed Eclectic who has gone astray from Eclectic teachings, and lost faith in medicine the same as themselves.

My excuse for writing this is due to the fact that I made a visit to our state capital while our last legislature was in session, and I was surprised to find how little was known of us Eclectics by our leading citizens, the legislators. That opened my eyes to the fact that we were not doing our full duty to uphold and promulgate those principles which we believe in and are proud of.

I was present at the time the senate was discussing the minority report on the bill to establish a Chair of Homeopathy in the Medical University of Galveston, which school is supported by the State, and is composed entirely of Allopaths. The senate killed the bill to establish a Homeopathic chair, and from my observation this was done because the teachings of the Homeopathic School were not understood by the members of the senate, and even the senator introducing the bill did not understand the principles of Homeopathy well enough to satisfactorily explain why there should be such a chair as some of the senators seemed to think anyone graduating from an allopathic school would be qualified to practice homeopathy, You see the absurdity!

I was talking to one of the senators about amending the proposed State Health Bill, making provisions for the minor schools to have representation on this board, but he did not care to have anything to do with the amendment because he said he believed in letting each school fight its own battles, and if they were not strong enough to do that. he did not believe the senate should fight their battles for them, because he said we know nothing about the different schools of medicine, and cited me then to the discussion then before the senate which he said would continue he knew not how long, that they knew nothing practically about the matter and I could not help but think that he was right. When such a matter was not placed before them in a practical manner by a competent person.

The Homeopaths had not prepared for the fight properly, they should have instructed the senator carrying the bill before

the senate thoroughly as to their teachings, and last as to the teachings of the Allopathic school of medicine, in which case he would have been able to have at least shown reason why an Allopath could not practice Homeopathy successfully, if not, that they were entitled to a chair in the institute.

Now, if we Eclectics and Homeopaths expect to become strong and influential enough in Texas, or any other state, to hold our own with the regular school of medicine, we will have to have schools in our States to teach our principles, as we cannot expect to locate Eclectics from colleges thousands of miles from home fast enough to give us such representation.

I think a medical institute supported by the State should not be partial to any one school, and I believe that if we, of the minor schools, will present a bill to our legislature, asking for a chair in this school, and instructing our representatives, as to the difference in the teachings of the three schools of medicine, so that they will be able to show the difference practically, we will get the chair without trouble, as this partiality is apparent but not real.

We must show a distinct difference between the three schools of medicine, and see that the members carrying the bill before the legislature understand this difference well enough to explain it to the other members, and to those members that we can get interested in our cause, we could not do better than furnish them with a pamphlet of the essential differences between the three schools of medicine, Allopathic, Eclectic, and Homeopathic, by John M. Scudder, M. D.

I associate the Eclectics and Homeopathics together in this as I think both schools would stand a better chance of succeeding together, than either school trying separately.

I think it would be advisable to have brought to notice that all three schools teach the same in all branches except materia medica principles and practice of medicine that the same faculty would answer for the whole school, except one Eclectic and one Homeopathic to teach their materia medica principles and practice of medicine, and then any student attending the institute, could take his choice as to the principles or teachings he wishes to study.

When a young man decides to study medicine, he does so to prepare himself for his life's work, and wishes to prepare himself in the way that will make him the most successful in this work, which is healing the sick, and incidently to make as much money as possible, and, of course, the more successful he is in healing the sick, the more money he will be able to make, generally speaking, this being his aim, he is governed in his decision of schools by what he knows of doctors of the different schools; if he studies the Eclectic system, it is because

he has known some physician who was more successful in treating the sick than other physicians of his acquaintance, and he knew that physician to be an Eclectic, and nine cases to one that Eclectic was proud to be called an Eclectic, and most if not all of his patients knew him to be such because he did not hide his light under a bushel. He knew he was treating the sick by the best system of medicine known to medical fraternity, and he showed by his action that he had faith in his medicine, and for that reason the medical fraternity of the regular school respected him, because he came out openly and let them know what he practiced, although it differed from the orthodox belief.

Then if there be any present who are trying to practice the Eclectic system of medicine, and be an Allopath among Allopaths, let him come out openly on every occasion and be either an Eclectic or Allopath, as the members of either school will have more respect for him if he claims to be one or the other on all occasions. Don't be as the Irishman said, that Daddy Locke, Dean of Eclectic Medical Institute for several years use to tell a story about an Irish servant, who was told by his employer who had some fine pigs to carry on to a neighbor of his as a present. The Irishman caught the pig, put it in a sack, and started for the neighbor's; he had to pass a saloon on the way, and feeling thirsty he stopped in to get a drink, and put his sack down in the corner. While he was getting a drink, a fellow took the pig out, and in its place put a pup. The Irishman unaware of the change, picked up the sack, went on to the neighbor's, and told him he had brought a pig as a present from his employer, but upon taking it out of the sack, he found that instead of the pig he had a pup; he replaced it in the sack and started for home, but as he passed the saloon, he concluded he needed another drink, so going in he set his sack down, stepped up to the bar, got another drink, and while doing so, the same fellow took the pup out and replaced the pig. The Irishman then picked up the sack, and on reaching home his employer asked him why he did not leave the pig? The Irishman said it was not a pig, it was a pup, and reached into the sack to get it out to show him, Lo and behold! when he brought it out, it was the pig. His employer then told him to take it back to the neighbor, whereupon the Irishman setting the sack down, looked at it real hard and said, "Either be piggy or be puppy." So I will say "Either be Eclectic or Allopath," be one or the other upon all occasions.

I know there are many Eclectics in Texas who are proud of the name and glad to be known as Eclectics, yet there may be some who do not like to have it generally known that they

are Eclectics for fear of becoming unpopular with the medical fraternity, on account of the Eclectics of this state being so much in minority. They do not stop to consider that any one admires a man, and has more respect for him, if he stands up for his principles, although he be alone, and they do not stop to consider the honor it is to uphold the right, and so long as they are right, the fewer they be to uphold the right principle, the more honor to those few. It does not require courage to believe and act with the majority, it is like drifting with the current, neither is there any stimulus, as you have no opposition, and if there is no opposition to stimulate you and cause you to put forth your best effort, you will never know what there is in you, and we will not progress in the medical science, as it takes this stimulus, opposition, to cause any one to put forth their best efforts, and bring out the best there is in them.

Our forefathers founded the Eclectic school upon a solid foundation, being that of **Specific Diagnosis**, and also furnished us with the best Materia Medica in existence today, and if we live, study and put into practice our principles of Specific Diagnosis, and Specific Medication using Specific Medica for Specific Conditions, we will be more successful in treating the sick than our brethren of the Allopathic persuasion, keeping in mind of course, the law of disease which is measured according to Dr. C. J. P. Williams in to excess, defect, and perversion, yet we must not stop with what our forefathers did, they laid the only sure foundation and built well, so far as they got, but the building is not complete, the practice of medicine is not yet perfect. Every diseased condition makes external an impression which we call a symptom; if we would be able to read them we would be able to find them, and I think there is a remedy, if we would only find that remedy, that would meet every indication, correct every diseased condition, and until we are able to point out those indications and name the remedy, that will correct the diseased condition that it represents, the building will not be complete, the practice of medicine will not be perfect, and we will all have plenty to do if we do not part in the building.

The Allopathic brethren are taught to give so and so, for this or that disease and not condition; as for example, erysipelas, their favorite prescription would be muriated tincture of iron, which would be the remedy generally indicated, as we would have the dry, red tongue, calling for muriatic acid, and I think that the iron is neither for or against. But if the tongue be pale in color, with a pasty, dirty coat upon it, calling for sulphite of soda, he would have to try his next favorite prescription. Now the reason that our Allopathic

brethren have fairly good success, is because their favorite prescription meets the indications generally present, and as to calomel that much abused remedy, he will use on nearly all occasions, as he says, to act on the liver, but if you would ask him for the indication calling for calomel, he would not know what to say, but would likely say billousness. There are cases where calomel is the best remedy of all the so-called liver medicines, and that is where the tongue is about normal in every respect, but is studded by prominent red papilla in the center of the tongue; yet in most cases we will find that leptandrin podophyllin rhubarb, etc., are the indicated remedies and will act more favorably.

Asking you to excuse me for worrying your patience with this paper, I will close by saying, I am glad of the opportunity and will never regret the worry I have caused you, if this paper has served the purpose of my desire, that of arousing the enthusiasm of the Eclectics of this State, and wakening some of them to the fact, that we are the only school that has a system of medicine, that it is possible to make perfect, and if they see that point, they will always be proud to be known as Eclectics in any company, and it will not be long until the laity will know more about us as a school, and will be glad to have us get a school near home, so that they may send their sons to an Eclectic school of medicine. Then let us awake and get a chair in the Medical University at Galveston.

LOBELIA INFLATA

A. P. Baird, M.D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society.)

One of the oldest known remedies by both the laity and the profession, and I think I may safely state one of the least known by both laity and profession. There are many varieties of this herb, it is a very large family. However, the Inflata is the one almost exclusively used in medicine, known by the common name of Indian Tobacco. The active principal or alkaloid of the drug is Lobelin, which is sometimes used in place of the other preparations. However, in my hands I have failed to get results I could with the specific medicine. If one were to ask almost any member of the allopathic school what the therepy of the drug was, the reply would invariably be emetic and expectorant. And no further use do they know for this very important little herb. And I fear some of our Eclectics are not too well informed concerning its many uses, hence this short paper, to emphasize what the writer has learned by experience about it.

Lobelia is a relaxant of the first order hence is indicated in nearly all congestive conditions. In strangulative hernias

I know of no better practice and none to give quicker results than to inject by hypo ten to twenty drops around the region of the incarcerated bowel. An aenema of one drachm or even as much as four drachms to eight ounces of luke warm water as high up as possible will likely be followed with the most gratifying results in this condition.

In all the harsh dry hard coughs its liberal and frequent use, say 2 drops every 15 to 30 minutes in a little hot water. If stomach is very irritable and emesis is easy add 1/20 of a drop of epicac and 1/3 drop of amygdalus, and be sure to keep it up long enough to get results.

Many a case of labor is prolonged unnecessarily for the lack of good doses of lobelia. In all those cases where the patient is tightened up, feeling as if they can't let go, the os is usually hard and constricted, I relax them with 5 drops by mouth or if they vomit easy I give by hypo, using as much as 20 drops at a dose. And when the perineum is unyielding I saturate a pledget of gauze and keep applied to the parts and get good relaxation and save a laceration. Not only so but makes the birth so much easier. The relaxation produced by lobelia is not nearly so productive of postportum hemorrhage as that of chloroform.

The foregoing are some of its uses below the diaphram, but its very best and to me the most valued uses is in the thorax. It is marvelous how a case of croupous pneumonia can be shorn of its terrors and much shortened in its course by the early and judicious use of lobelia. By judicious use I mean the manner and frequency of its application. In the first stage, that of congestion is the time to use it, and the way is by hypo, using from 15 to 20 drops and repeating every 6 to 12 hours if necessary. After the first dose a material change for the better is noticed. To be sure other indicated remedies must not be neglected. Lobelia does not take the place of everything but it saves the need of a good many others. If this is true in croupous pneumonia it is doubly so in the catarrhal variety of the very young and the very aged. In this latter disease when your little patient is almost strangled and you have tried everything to give relief to the little sufferer, just put 15 or 20 drops of lobelia in your syringe and inject all of it at a dose and watch the results. The mucus just rolls out with but little effort, the heart beats freer, stronger and much less rapid. This is followed by a sound refreshing sleep, so much needed. Repeat as often as you deem necessary with other indicated treatment, and most likely convalescence will soon be established and the dreaded death certificate will be delayed awhile longer.

Lobelia in diphtheria is where the remedy shines brightest of all. The same modis operandi is to be followed as in the

pneumonias, only this difference, here is where you at times want emesis to expel the membrane, so that as well as given by hypo to loosen, give emetic doses by mouth to produce vomiting, for be it understood that lobelia will not vomit if given by hypo.

Lastly, in cases of syncope of fat infants and children produced by holding the breath or heart failure or pertussis a hypo of lobelia will change the condition almost immediately.

Now one word about the preparation used by hypo. An especially prepared nonalcoholic preparation of the drug is made by Lloyd Bros., Cincinnati, Ohio, that saves almost the consequent ulcer at point of injection, the result of using the ordinary specific medicine. To be sure the instrument ought to be boiled or in some other way thoroughly sterilized and the medicine itself injected at a temperature of about blood heat. The area also about the point of injection should also be thoroughly sterilized. I usually inject somewhere close to the mammae as it absorbs more quickly there, and if an ulceration should occur it is not so troublesome as on a limb and can be better cared for.

In this short paper I have not said all the good things about this most precious gift of God to man but I trust enough to encourage an investigation and more profound study that will more than amply repay you for the time and exertion expended.

OXIDATION OF AUTUMNAL FOLIAGE IN PLANTS.

Richard E. Kunze, M.D., Ph.D., Phoenix, Arizona.

Oxidation causes the beautiful tints of autumnal foliage of plants, shrubs and trees, nowhere else better observed than in the woodlands of the Eastern United States, and the more highly oxidized the deeper are such tints. The descriptive article of foliage coloration in the E. M. J. of California, by Prof. J. A. Munk in the February number of that Journal induced me to add a few lines to his well written article.

When an essential oil becomes more highly oxidized, it is transformed into a resin. In the case of the oil of Peppermint when oxidation under a low temperature is carried on further, a camphor or menthol is formed, so much used in neuralgia when locally applied, which is an old Chinese remedy. And the greater the oxidation in foliage the deeper will be the color as noticed during autumn in forest trees. One of the most beautiful color changes may be observed in the Tupelo or Sour Gumtree, Nissa Multiflora, also known as Pepperidgetree in the Atlantic States, the scarlet berries of which are the food of the woodpecker in September, and the leaves change to a rich scarlet color. The leaves of Rhus

Glabra or Common Sumach, those of Rhus Venenata or Poison Sumach of the East, and of Rhus Triloba or Poison Oak of California and Arizona, in the process of oxidation in the foliage produce the richest tints of scarlet and crimson colors. It often happens that ladies collecting autumn leaves for decorating the walls of houses, and not knowing the effect of Rhus poisoning are sometimes, when not immune, subjects of such poisoning.

The leaves of the Pin Oak—Quercus Palustris offer another illustration in swampy woodlands of the Atlantic States.

The Tuliptree—Liriodendron tulipifera has its foliage transformed into a yellow color by the same process of oxidation in autumn. A similar change may be noticed in the leaves of the eastern Spicebush—Laurus Benzoin, which are turned into a bright yellow contrasting strangely with its aromatic red berries. The color of Crimson Winter Rhubarb in its stalks is due also to oxidation and the highly prized condiment is very nutritious on account of the small percentage of iron the stalks contain. Red apples owe their color to the same oxidation and considered the most wholesome of fruit in the vegetable kingdom.

There is a plum tree with a brownish red foliage called Prunus Pissardi, cultivated more for the color of its leaves than fruit in landscape gardening, and this coloration is present from early spring until autumn. A dwarf species of the Japanese Maple, with cut leaf foliage possesses the finest tints of red at all times of the year. The Japanese are the most skilful of our landscape gardeners. The luminous yellow rays of the solar spectrum have most effect on the growing plant. It is that invisible principle together with light, which is essential in the coloring matter of leaves. The blue rays have most influence on the germination of the seed. The red rays facilitate the flowering and fruiting of the plant and might be termed colorific radiation. The rays of the spectrum penetrate the soil and are taken up by the root hairs or slender fibrils of the root system.

In the change of coloring of certain flowers as noticed in Hydrangea Otaksa of Japan, when iron filings are mixed with the soil in which it is growing, the color of the delicate blush or faint pink is thereby changed to lavender blue.

OBSTETRICS.

H. Vandre, M.D., San Francisco.

Read before the California Eclectic Medical Society.

"The Importance of the Study of the Pulse in the Treatment of Vomiting in Pregnancy."

I would call your attention to two characteristic observations on the importance of the condition of the pulse during

pregnancy, in determining the necessary and careful therapeutics in this distressing condition. In the first observation one should base oneself on the favorable condition of the pulse by following a conservative plan or treatment and avoid artificial interference during the pregnant period. In the second instance, on the contrary, the brusque changes and alarming conditions of the pulse with possible cerebral disturbances on the onset calls for or necessitates anti-abortive therapeutics which will cause these alarming symptoms to disappear in a few days—hence the study of the pulse in the puerpural condition is of great importance when the grave question of interference in vomiting in pregnancy is concerned.

One must take into account the following important factors:

First—Attention to the general state of extreme weakness of the patient; the subicterique (jaundiced) condition of the skin and conjunctiva; insomnia and the troubles of the vision.

Second—The marked emaciation and third, the diminution in quantity of urine sometimes less than eighteen ounces during the twenty-four hours. All the above conditions and symptoms should be carefully watched during this time.

MATERIA MEDICA.

H. Vandre, M.D., San Francisco.

Read before the California Eclectic Medical Society.

Our Materia Medica has come to stay. Histology, the study of cellular life sustains us in our claims.

Mostly based upon the cellular theory of assimilation and attraction as accomplished with non-toxic drugs either vegetable and mineral. I believe this is one reason why we are superseding other methods and treatments—it is safe, reliable and responsive. The cells do not readily take up nor assimilate the poisonous drugs without danger to themselves, the tissues and organs, but immediately upon reception of the proper pabulum, they respond with vigor and action. Thus in a way do our remedies become cell nutrients as well as tissue builders of the human anatomy, improving assimilative processes in toning up depressed and exhausted functions and organs by favoring absorption, secretion and excretion and ameliorating metabolic changes.

Thus our remedies are sustaining, stimulating and not depressing as most other drugs and methods are. Notice the difference with the synthetics so unfortunately popular today; but this day will not last very long, as most of them are depressants and quite a number actually dangerous, as the regulars show and the great many heart failures they cause, for which we can give no reason seemingly but that is the reason.

Will you have more of it or none of it, which? Take your choice.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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OUR SOCIETIES

At this season of the year the officers of our various societies get busy and proceed to wake up the members.

The next meeting is near at hand and papers are needed. A meeting without papers would be unique and therefore interesting, but not very instructive. We are not one of those who believe that medical articles are of permanent importance to the hearer, but we do believe that they greatly benefit the writer. Quite a little review work is necessary to write a creditable article, and after the matter is all in hand, there is the sorting and rejecting and arranging to be done even before a start can be made. By and by the article seems to be complete—the work is finished. But if it is to be a really first class production, it should be laid aside for a time, until the topic is a little stale, when it should be taken up for a final perusal. And it is surprising how many alterations can be made, each improving the text just a little bit. This final boiling down process is an important matter, but the crystallized product means a fine unadulterated article.

As we all know, this means hard work, and most of us are busy. But it is a diverting kind of work, and moreover, very instructive to the writer—he learns a lot. How much his

hearers may learn when the article is read is almost immaterial, for we selfish mortals—each working for himself.

Go to work and write a paper just to see how much good the mere preparing of it will do yourself.

RESEARCH

The rage for research has apparently reached high-water mark. It has reached such a height as to eclipse temporarily the role of teacher or practitioner, and to discount the value of these in the school and the world. A researcher may be a good teacher or practitioner, but he rarely can serve the double function and give each its due. We cannot serve two masters, and usually experimental work is so much more free from annoyance and so much more absorbing that the leading of more or less unenthusiastic novices over old paths of knowledge becomes irksome and is, to an extent, slighted. The discovery of even an insignificant bit of truth elevates the finder in the eyes of the educational world, and he is often advanced in teaching position as a consequence, when, as an imparter of knowledge, his capacity is often impaired by the exercise of his skill, and his good fortune in the other line of work. Besides, he may never have had natural gifts as an instructor.

If it is difficult to merge the teacher and investigator, it is more difficult to combine practice and research. Many happy discoveries have been made both by teacher and practitioner, for both should have their eyes open, but the special work of laboratory investigator takes so much of time and pains that there is little room for anything beside.

There is coming to pass, now that this high tide of research is reached, a division of labor between researcher and teacher on the one hand, and between investigator and practitioner on the other. This means that all special forms of work will be done better than formerly and with less waste of time and energy.

There is bound to come also a separation of schools into those which train for investigation and those which train for practice, and within schools there will arise a similar differentiation of courses. Though there will be this specialization, the matter of investigation will not be wholly separated from either practice or teaching, for these will be the balance wheels to offset the work of the theorists and keep them in touch with practical work. Practical work and laboratory research need to be separated, but the results of the former must be checked off upon the latter if it is to be of most value. Those who are adapted for one kind of work are not always adapted

to the other, and the division of labor which is coming will put more men in the class where they belong. There will be better investigators and better teachers, better laboratory workers and better physicians, without inharmonious mixings of both. —The Dietetic and Hygienic Gazette.

A SUICIDAL POLICY.

The writer of this editorial wishes it distinctly understood by the few who may chance to read it that the views expressed are his own, and do not represent those of any committee, organization, or educational institution with which he may happen to be connected.

The present generation of medical educators has become imbued with the university spirit of education, which, in brief, is that of education by highly trained specialists. Hence the edict has gone forth that medicine shall be taught in the same way. Therefore the mandate that in every first-class, or, more modernly speaking, Class A, medical college there shall be a number not less than four "all-time men," who shall give their entire time to the medical college with which they are connected. This, of course, must logically result in the development of medical pedagogues who shall be available for such educational purposes. But, in addition to the pedagogues, there must necessarily be a number of other physicians on the teaching corps of every college. That there will be close affiliation between men merely teaching medicine and men actually practicing it is extremely unlikely, and herein is an opportunity for the sowing of the seeds of dissension in every faculty.

The "all-time" men will, in course of time, constitute a class by themselves, and will be subject to the charge of aloofness and narrowness by both practicing physicians and many students. Their influence upon the students will be open to much criticism, on the ground that it will tend to draw the young men away from the active practice of medicine into the fields of research. Hence, a certain amount of friction will be present in every medical college where all-time men are employed. Such instruction by all-time men must infallibly tend to diminish the number of those actively engaged in the practice of medicine, and to increase the number of those wishing to do laboratory work solely.

In regard to its influence upon the attendance at a given college, the following will happen: While the number of those actually matriculating may not be greatly decreased, the percentage of such students as will drop out during the first and

second years must necessarily sensibly increase. The all-time men will be unpopular with students who are naturally more interested in the active practice of medicine than in purely scientific work. "The survival of the fittest" at the end of sophomore year will, before long, come to mean the survival of a certain few—and comparatively few at that—who have by inheritance the purely scientific mind. The rest will drop out of college before reaching junior year. Even now the percentage of loss during the first two years is considerable. What will it be five years from now? Those who drop out of the medical college may constitute some of the very best material needed in the active practice of medicine, and particularly of surgery. How many surgeons now doing splendid work in Chicago were bright and shining lights in the chemical laboratory when in college? The writer knows but one such a surgeon. How many of the leading surgeons of Chicago if put, even now, into the chemical laboratory under a conscientious all-time man could understand his teachings or pass his examination? There is something in the surgical make-up which renders the study of chemistry extremely difficult; perhaps distasteful. There is a good deal in every doctor's make-up which differs from the strictly scientific personality.

Then, again, the all-time men must necessarily become a class of pedagogues which will insist upon strenuous work on part of the student. For many years to come this insistence will be resented by a certain class of medical aspirants, considerable in number, who will manage in some way to avoid or evade the galling restrictions of the pedagogues. They will avoid it by shunning institutions where all-time men are employed. This will lead to the expansion of Class B and Class C colleges, and these colleges, by virtue of increased numbers and influence, may be able, for a long time, by political "pull" to give the laugh to highly respectable and "properly" conducted Class A colleges.

Another way in which the large class of students above referred to will "beat" the Class A college will be by "taking up" the various therapeutic sophistries now flourishing so successfully.

It is the writer's personal opinion, then, that the present theory of medical education in the United States is impracticable, and even suicidal. Until the population of this country can become educated along similar lines, we are merely playing into the hands of our competitors by putting up the price of our own commodities at a time when the demand is if anything slackening.

Decrease in the attendance at the Class A college is inevitable. Decrease in attendance means apathy on the part of

the unpaid faculty. In time the entire faculty must be salaried in order to fill the hours. So the next "move" will be to put into Class A only those colleges in which all the professors are salaried.

In the meantime, the number of medical graduates will decrease, but the number of midwives, osteopaths, christian science healers, and all sorts and conditions of "irregulars" will joyfully increase.

C. M. in The Clinique.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on March 4, 1913.

Dr. B. E. Fullmer read an interesting paper entitled, "Sympathetic Nervous System and Practical Physiology."

New members elected were: Dr. H. W. Foss, Los Angeles, and Dr. A. E. Byron, Owensmouth, Los Angeles County.

Dr. H. Ford Scudder's paper was postponed until the next meeting on April 1st.

Adjournment.

H. FORD SCUDDER,
Secretary Pro-tem.

TO THE ALUMNI OF THE CALIFORNIA ECLECTIC MEDICAL COLLEGE.

As Secretary-Treasurer of the Alumni Association of the C.E.M.C., I wish to report for your information that of nearly two hundred living and practicing graduates of the college, I have forty enrolled on my books. While this may be considered a fair showing since the association has only been revived a few months, the fact remains that but one appeal should be necessary to the graduates of the college, in lieu of the fact that every effort,—legitimate and otherwise,—possible, is being exerted by the A.M.A. to stamp the college, and the school of medicine, out of existence.

Let them accomplish this, and how long would they respect the diploma from one of our colleges? In an institution like ours, which is unendowed and dependent largely upon the loyalty of its graduates, it is necessary for the Alumni to sacrifice a little money and time in the interest of their Alma Mater, which in turn redounds to the interest of the graduate.

Some of the graduates have allied themselves with the various societies of the dominant school; others have taken post graduate courses in, and hold diplomas from, "regular" medical colleges, and these, in many instances, have renounced all allegiance to the eclectic school, and the eclectic societies. To these I particularly desire to address a personal appeal. I, too, hold a diploma from a recognized "regular" medical college. I held membership in the "regular" societies for a long time—in fact—until I received notice for annual dues accompanied by a new application for me to sign. This application blank has printed upon it a section from the constitution and by-laws of the A.M.A. from which I copy this: "Providing that such homeopath or eclectic does not practice, nor claim to practice sectarian medicine."

Now! I want to say this: "No graduate of an eclectic college who knows anything about eclecticism, ever ceases to practice eclecticism, which is "sectarian" in the sense used in the above quotation, and I believe that if you stop to view it in all its boldness, you will refuse to attach your name to such an application, and pay your money to any society that demands of you that you renounce the practice which is making of you a successful physician, and is earning you your living. Besides! You may agree in this way "to not practice sectarian medicine;" but the fact remains—you do practice it. I do, and would, consequently I did not sign and return the application. All I ask of you is to consider the possibility of

their holding you to the strict and literal interpretation of the above mentioned clause, which you have signed, and decide just how successful, as a practitioner of medicine, you would expect to be. Are you willing to govern your treatment of the sick by the dicta of the "Council of Pharmacy and Chemistry" of the A.M.A.? Take, e.g., Echinacea, Cactus, Pulsatilla, Phytolacca, Passiflora, Bryonia, Dioscorea, Viburnum, etc. ad libitum, ad infinitum. Personally, I prefer to believe the evidence of my senses, in preference to the reports of the "Council," particularly in regard to the clinical application of medicines.

It costs one dollar, annually, to maintain membership in the Alumni Association of the C.E.M.C. unless you wish a "Life Membership," which is ten dollars.

Be loyal to your Alma Mater and send in your application and fee at once.

DR. H. C. SMITH, Sec.
635 Consolidated Realty Bldg.
Los Angeles, Cal.

THE NATIONAL AT DALLAS, TEXAS.

The Committee on Arrangements announces that we have chosen the Hotel Southland as headquarters for the next annual meeting of the National Eclectic Medical Association at Dallas, Texas, June 19, 20, 21, 1913.

The large new fireproof eight story hotel has offered us a special rate of $1.50 per day per person for room without bath, and $2 to $2.50 per day for room with bath. We also have the use of the convention hall seating 200, and Parlors J, K and M for Committee rooms, and an exhibit room adjoining, 19 x 25. The local members are arranging an auto trip about the city and to the State Fair Grounds, and an evening entertainment at Oak Cliff Park.

Secretary Mundy has selected the Frisco Lines as our official route from St. Louis to Dallas. Homeseekers excursion rates can be secured June 17th at reduced rates. Get your round trip ticket to the farthest point beyond Dallas, (if you want to travel beyond that point at the close of the session).

These reduced fares can be had east of Denver and west of Pittsburg. Have your tickets read via St. Louis, (or join our party below St. Louis). We will leave St. Louis on Tuesday evening and arrive in Dallas Wednesday evening. The convention will convene Thursday at 9 a. m., and conclude Saturday about 4 p. m.

If we can secure 75 persons in St. Louis, we can have a SPECIAL TRAIN, otherwise SPECIAL CARS on the regular

fast train. Make your reservations with Dr. Mundy direct. The Texas Society meeting precedes ours on Wednesday.

Make your arrangements now to take the Texas trip you have so long contemplated.

Very sincerely,

John K. Scudder, Cincinnati, O., Chairman.
M. E. Daniel, Honey Grove, Tex.
H. H. Blankmeyer, Arkansas Pass, Tex.
D. C. Arndt, Dallas, Tex.
J. B. Cranfill, Dallas, Tex.
Rosa B. Gates, Waco, Tex.
T. D. Adlermann, Brooklyn, N. Y.
P. E. Howes, Boston, Mass.
Committee on Arrangements and Entertainment.

COLLEGE NOTES.

Herbert T. Cox.

The student body held its regular meeting, March 11th, 7:30 p. m. There was a good attendance, all classes being represented; and as the air was a bit chilly outside the warmth of the fire around which the chairs were placed, was greatly appreciated. The early comers arrived in time to enjoy the prelude which consisted of blackboard cartoons by Mr. Prince, portraying the speakers of the evening reaching a climax.

Miss Wirick was elected secretary to fill the vacancy created by M. E. Kerr's resignation. After the completion of the business, the paper of the evening was read by Mr. Sprehn; the subject being "The History of Eclecticism and Its Principles." His paper was very ably written and covered the subject well, being well commented upon by many present.

Every one was enthusiastic and an enjoyable time was had. The lamp of Eclecticism was trimmed, refilled with new oil, set brightly burning in the hearts of all and its warmth and glow outstripped the fire around which we sat. Refreshments were then served to relieve the dry throats.

The student body is possessed of a very loyal spirit and is anxious to co-operate with the faculty in maintaining a high standard for the college, encouraging a high class of scholarship and promoting a spirit of loyalty to the principles of Eclecticism; and according to the general tenor of expression in the last meeting, will be inclined to look with intolerance upon the acts of any members which do not promote these ends.

Several alumni have been callers at the college in the past few months, and it gives us much pleasure to hear the favorable comment which they made upon the work of the college.

We hope that every alumnus will make it a duty to keep in touch with his alma mater, and when passing this way, to make it a point to give us a friendly call.

At their March meeting the seniors discussed plans for commencement and the program for their "class day" exercises which they intend to hold. Announcement of the "doings" will be made later.

In Diagnosis. Prof.: Why is the right kidney the lower of the two?

Student (quickly): Because the ureter is shorter on that side.

In Practice Prof.: Have you had pathology of the spleen yet?

Student: Yes, last year, but we haven't it now.

Prof.: Evidently you have recovered and need a relapse.

NEWS ITEMS.

Dr. L. A. Perce, Long Beach, has been ill, but is better now.

Dr. H. Ford Scudder was in Sacramento last month on business connected with the coming State Society.

Dr. M. Blanche Bolton, San Pedro, has returned to her practice after undergoing a severe kidney operation in Westlake Hospital.

Several varieties of seeds of medicinal plants have been received from the Bureau of Plant Industry at Washington, D. C., for use in the College Botanical Garden. Also, a consignment of plants and trees came from the branch nursery at Chico, California, for a like purpose, with a promsie of other contributions in the future. These items, present and prospective, are of interest and great value to the garden.

A recent donation of medical books given to the College Library by Professor A. M. Duncan, of the faculty, is much appreciated by those who consult its volumes. One rare item is a copy of a "Treatise on the Eclectic Southern Practice of Medicine," by J. Caru Massie, M.D., published in Philadelphia in 1854. This book gives an account of Eclectic practice in the South and is now very scarce.

Dr. Robert W. Musgrave, of Hanford, county health officer, and formerly city health officer, passed away at his home on North Douty street Sunday morning, February 16th, at the age of 54 years. The doctor was a graduate of the University of California, 1884, and finished his work at the California Medical College, San Francisco. He was the second physician to locate at Hanford.

Fortieth Annual Meeting

Eclectic Medical Society

STATE OF CALIFORNIA

San Francisco, May 27, 28, 29, 1913

OFFICIAL HEADQUARTERS

PALACE HOTEL

REDUCED RATES TO ALL MEMBERS FOR THIS MEETING

For Reservation, Address DR. H. FORD SCUDDER, 337½ South Hill St., Los Angeles

THE MODERN TREATMENT OF INFECTION.

A new agent that will yield 90 per cent. of recoveries out of a total of four thousand cases of infection is worthy of consideration. The Phylacogens, prepared by Parke, Davis & Co., are credited with this performance. Reports of the success attending the administration of these bacterial derivatives have been appearing with much frequency of late—reports so startling in their nature that one would hesitate to credit them were they not known to emanate from competent and conservative practitioners These reports compel the belief that in the Phylacogens we have a group of truly remarkable agents—products that will be makers of medical history; that are capable of producing results that may be designated as most unusual.

The Phylacogens are supplied in rubber-stoppered glass bulbs of 10 Cc. capacity and are administered hypodermically. Five of them are now supplied and are obtainable from any druggist. They may be briefly described as follows:

Mixed Infection Phylacogen: Indicated in the treatment of all infections, acute or chronic, in which it is not known what particular micro-organism, if any, predominates—notably in surgical infections, abscesses, puerperal sepsis, eczema, fistulae, etc.

Rheumatism Phylacogen: Indicated in the treatment of any acute or chronic infection caused by the streptococcus rheumaticus.

Erysipelas Phylacogen: Indicated in the treatment of erysipelas—i. e., the acute disease caused by infection with the streptococcus erysipelatis.

Gonorrhea Phylacogen: Indicated in the treatment of any pathological condition due to infection with the micrococcus gonorrhoeae.

Pneumonia Phylacogen: Indicated in the tretament of pneumonia or any pathological condition caused by the pneumococcus.

Complete literature on the Phylacogens has been issued by Parke, Davis & Co. and may be obtained from the company's home offices in Detroit, Michigan. Physicians are advised to avail themselves of this opportunity.

The California Eclectic Medical Journal

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Original Contributions

OBSTETRICS AMONG THE INDIANS.

G. W. Harvey, M. D., Bigpine, Cal.

(Read before the California Eclectic Medical Society.)

Many people, in fact, the great majority that I have met with, believe that the Indian woman escapes the evils and accidents that so many times befalls her white sisters at the time of accouchment, but they have their troubles at this epoch just the same as all other humans of the feminine gender.

I have never been called to assist at a birth among them, but have had two cases following birth that may be of interest to the members of this society, since it will illustrate the power of Specific Medicines over the disease conditions met with at this period and where aseptic conditions are absolutely out of the question and impossible.

My first call was to a case of retained secundines five days after the birth of the child. You may imagine the conditions. Decomposed secundines; septicaemia; peritonitis; tympanitis; rigors; extremely high fever, and rapidly approaching dissolution with a stench that would raise the buzzards four hundred miles away.

I prepared a glass of medicine containing veratrum gtt. xxv, echafolta drams three, potass. chlor. gr. xxx, and ordered a teaspoonful every half hour for two hours and then every hour after that, and in conjunction with this gave ten grains of carbo veg lx every three hours.

As soon as this was going I made an effort to curette and cleanse the womb, but it was mid forenoon in August, and the moment that I raised the covers, the flies, house and green both, swarmed in so that I could hardly see the field of operation and the moment that the speculum was inserted, took advantage of the opportunity and literally blocked the way and crawled into her so fast that I simply had to desist and wait for darkness. A swarm of bees never were more in evidence than those flies, and I left my patient to their mercy and the medicine until night.

When I returned I found a great improvement. She had passed much corruption and many pieces of the decomposed placenta. The tympanitis and peritonitis and fever were all much abated, so much so that I did not think it worth while to disturb the womb, and left her with instructions to continue the medicine. She made a rapid and uneventful recovery to perfect health with no other treatment.

My curette has been laid on the shelf, lo, these many years in the treatment of my white patients, and I do not think that I shall ever use it again in any case, no matter how desperate, for with charcoal to expel the retained material, chlorate of potash, echafolta and the indicated Specific Medicine to combat the poison one hundred per cent should recover, or at least have done so in my nearly twenty years of practice, and strange as it may seem to you I attribute this remarkable record to the kindly assistance of the unseen scavengers-microbes—that not only do not cause disease, but on the other hand labor to destroy the diseased material that the system is making heroic endeavors to get rid of herself. I firmly believe that with Lloyd's medicines and plenty of microbes to help, that the Eclectic physician can handle any disease that is curable with anything.

My second call was a case of suppression of the urine, following childbirth. This woman, so they told me had been in spasms all night before her baby was born, and had several fits after the birth.

The catheter showed an empty bladder, the eyes and skin were jaundiced, and the temperature four degrees below normal, and on the whole was a rather desperate looking case, especially since the same conditions had prevailed for three days prior to my being called.

To this case I gave apis gtts x, euonymous and xanthoxylum aa ounce one-half in half a glass of water, and ordered a teaspoonful in half a cup of hot water every hour.

This was at nine in the morning and at five in the afternoon she passed a good quantity of water and continued to do so frequently. Her temperature slowly came back to normal and on the fourth day I discharged the case, and she went on to a perfect recovery.

So you see that puerperal septicaemia and puerperal spasms afflict the Red woman just the same as the White one, and you also see that Eclectic medicines assisted by the kindly scavengers of the blood, the microbes, cure them, and if you will help the microbes with the indicated specific medicine in the treatment of your white patients, they will just as speedily get well, without any curetting; without any bichloride, lysol

formaldehyde, carbolic acid or any other poison, given or applied internally or externally. Disease is wholly within the body and to cure it you must assist nature, and when you assist nature you will let the microbes, your best aids alone.

EYE STRAIN AND ITS RELATION TO THE GENERAL PRACTITIONER.

J. Fraser Barbrick, M. D., Los Angeles, Cal.

(Read before the California Eclectic Medical Society.)

Under the present status of general medicine, the physician who is not somewhat familiar with the condition we rather loosely call eye-strain and its far-reaching and pernicious effects, is not ordinarily conversant with present day medical literature, and must be many times in error in his diagnosis of certain conditions and cases, and therefore wrong in his treatment of them. This being the case, that physician is handicapped to just that extent in the successful handling of his practice. We cannot and should not all be specialists, but we all should have a general knowledge even of special subjects, and the general practitioner should have a familiarity extending even to a practical working knowledge of them, to be able to advise properly the community he serves. That we may all gain a clearer understanding of eye-strain, its causes, symptoms and results, I shall endeavor to discuss it in this paper from the standpoint of general rather than special medicine.

Definition: Under the present loose application of the term, the following definition is as brief as I can give and yet be comprehensive. Eye-strain or asthenopia embraces weak or painful vision, with a condition of eye fatigue usually accompanied by reflex symptoms, and which may or may not be associated with, or the cause of, functional disorders general in character, the whole causing much mental and physical suffering and produced as the result of an effort of the ocular apparatus to overcome some insufficiency or abnormality, or to do work beyond its physiological capacity.

I shall not go into a discussion with the extremists, who on the one hand argue that every error of refraction or every case of muscular imbalance must sooner or later cause functional disturbances and reflex troubles or even organic diseases somewhere; and who, on the other hand, deny the theory of the reflex causation of disease and scoff at the idea of the eye being the source of any reflex disturbance or functional disorder. I believe in the happy medium and take the reasonable position that there is a basis of truth in all theories, and that while every case of migraine, headache, vertigo, nausea and vomiting, blepharitis, conjunctivitis, chorea, epilepsy and

neurasthenia, etc., is not due to errors of refraction or imbalance of the ocular muscles, many such cases are due to disorders of the visual apparatus, and eye-strain as a possible cause in all these and many other conditions, should always be kept in mind by both specialist and general practitioner.

Causes and varieties: Pohlman from the standpoint of the phylogenesis of the eyes of animals and man, divides his cases of eye-strain etiologically into two general classes: 1. Those caused by errors of refraction; and 2, those due to muscular imbalance. While his evolutional theories may not be correct, for the purposes of this paper this classification is the simplest and best I know of, and for all practical purposes these two causes are all we need consider here.

Now we will briefly discuss these causes and the manner in which they produce the syndrome of symptoms we call eye-strain. While the optically perfect eye is a physical impossibility in a living, changing organ, the comparatively physiologically perfect eye is not so unattainable, though even it is rarely found. In a physiologically perfect eye in a state of absolute rest, parallel rays of light are so exactly focused that the picture transmitted from retina to brain is perfect in its definition. This state of absolute perfection is never present even normally, as almost all animals and children are born with optical defects, being either far-sighted or astigmatic, and to enable them to overcome these defects, or to compensate for them, the ciliary muscle was placed in their eyes, and with it they not only correct the images of distant objects, but focus near objects as in reading and writing. Now if during the period of growth the anatomical development of the eyes is normal, these optical defects of birth comparatively disappear, the ciliary muscle has only its normal accommodation to perform, parallel rays are focused exactly on the retina with the eye in a state of rest, refraction is normal, there is perfect muscular balance, vision is easy, images are clear, and the eye is said to be emmetropic and orthophoric. With such an eye it is questionable whether there would ever be any strain on its seeing function until presbyopia or old sight, the physiological change which sooner or later occurs in every eye, sets in. But if during the period of growth the anatomical development of the eyes is normal and we have a continuance or exaggeration of, or additions to, the defects of birth, and in addition to the errors of refraction or because of them there is muscular imbalance, then parallel rays are not exactly focused on the retina with the eye in a state of rest, refraction is not normal, vision is painful, images are distorted, and the eye is said to be ametropic and heterophoric. With such an eye the ciliary muscle is excessively used and is

constantly straining to overcome the refractive error, while the extra ocular muscles are making an abnormal effort to balance the motor apparatus and preserve single binocular vision, and at last nature rebels and we have the phenomena of eye-strain as the result.

Symptoms: To describe fully and analyze the reasons for all the symptoms that may accompany eye strain would be too great a task. Many of them, especially the reflex symptoms, are heard in the consultation rooms of every physician, from all sorts and classes of patients; so in this article I will endeavor to lay stress on only those that would suggest a special or probable connection with the ocular apparatus and which should always be remembered in that connection by the general practitioner.

First and foremost is headache. In all cases of headache that have any degree of periodicity or persistency, I would advise you to eliminate first the eyes as a possible cause before going on to any form of treatment. But especially are the headaches which occur regularly, are worse in the afternoon, are aggravated by use of the eyes for near work and are relieved by rest, to be suspected as ocular; and nine out of ten such cases will be found to be either hyperopic or astigmatic or both, and when the error of refraction has been corrected, the headache will disappear.

Second is fatigue; of the ciliary muscle if accommodative, of the extrinsic muscles if muscular. In such cases when the eyes are used for near work for more than a short period at a time, there is discomfort, dimness of vision, confusion of images, pain and soreness in and about the eyes, headaches of a frontal character if accommodative, of an occipital character if muscular—though both often go together and both may be caused by close work, theatre going or sightseeing—, drowsiness, photophobia and congestion, itching and burning of the lids, etc., all symptoms being worse at night, when artificial light is used, or when the patient is tired. With some or all of these symptoms present in a case, the first thing to do is to determine the condition of the refraction and motility of the ocular apparatus, and in the majority of patients with such symptoms, even if others are present elsewhere which seem to overbalance them, you will find eye troubles which, when corrected, will clear up not only the symptoms referable to the eyes, but many of the other symptoms as well.

And that brings us up to the third and last—but not least—reflex symptoms; or those functional disturbances not always distinctly referable to the seeing function or motility of the eye, such as nausea and vomiting, vertigo, migraine, epilepsy and chorea, twitching of the facial muscles, torticollis and

habit spasms, neurasthenia, and possibly other obscure psychoneuroses. With the first two sets of symptoms most everyone would sooner or later connect the visual apparatus, but it is no easy task sometimes, to convince the general practitioner who has not given much thought to the matter, that such disorders for instance as migraine and epilepsy might or could be due to eye strain. But, given a patient with a highly sensitive temperament, and an underlying nervous irritability, either inherited or acquired, without which no amount of reflex irritation would cause an explosion, but with which an attack may occur from any one of many causes—in such patients there is certainly a clinical basis for the assumption that eye-strain may be a factor in some cases; and there is a large and ever-increasing mass of testimony being recorded as to cases in which proper treatment of the eyes entirely or very largely relieved their symptoms. Nor is it so hard on second thought to connect the eyes as a causative factor with twitchings of the facial muscles, convulsive tic, spasmodic torticollis, and habit spasms, which greatly resemble chorea but which are entirely different. Take a case of orbital or muscular abnormality, in which one eye is on a higher plane than the other and to avoid a vertical diplopia the head must be carried titlted more or less to one side. Or take a case of marked astigmatism with an oblique axis. As Gould suggests, these individuals, to get the most distinct vision of the important vertical lines in the letters, must tilt heir heads till the axis becomes vertical. In these cases, because of the continuous strained postures of the head, the possibility of spasmodic torticollis habit spasms and even compensatory lateral scoliosis as results should never be forgotten. Or take a case of slight refractive error in which distinct vision is obtained by continuous straining. The ciliary muscle becomes tired, the ciliary body congested, and the pains, reflected along the nerves of sensation, account for many a migraine, hemicrania and neuralgia, which in such cases is easily overlooked, because there is comparatively perfect vision. Or in a case of muscular fatigue, not infrequently in the effort to supply additional stimulation to the tired eye muscles, adjoining muscles are innervated, and we have twitching of the lids and facial muscles or even a convulsive tic. Or take a case of astigmatism and failing compensation. To such patients many letters look alike, round objects are more or less oval, square ones oblong, and to all intents and purposes they are reading proof all day long. In this class of patients is it too much to claim that the cerebral fatigue which comes from the constant strain of interpreting retinal images distorted by refractive anomalies, and the brain fag resulting from the performing of a constant

series of mental judgments as to the actual form of external objects, may sooner or later be followed by a train of symptoms such as nervous irritability, depression of spirits, physical and mental fatigue from the slightest efforts, stomach disorders and various functional disturbances and neuroses, without any discoverable organic lesions, to which we apply for want of a better, the term neurasthenia.

Now I think I have called your attention to a sufficient number of the conditions that may result from abnormal eyes and explained sufficiently the whys and wherefores, so I will say a few words as to the diagnosis and treatment. Diagnosis: While it goes without argument that the exact diagnosis of eye-strain must be along certain lines that necessarily require special training, yet any good general practitioner should be able to recognize or suspect an abnormal condition of the eyes when he meets it, and should be able to make at least a partial or tentative diagnosis in certain of his cases, which may be of vast importance in their successful treatment. Every physician should be familiar with the normal refraction and what is considered as the standard of vision and motility of the eyes; and should have a sufficient understanding of refraction and motility to use intelligently a test card, an astigmatic chart, a small set of prisms, a candle, and a Maddox rod. And with this working knowledge, which should be just as essential as a knowledge of the normal heart sounds or the percussion note of normal lung tissue, and with this simple outfit, which should be as much a part of a well equipped practitioner's office as a stethoscope, any physician can readily determine the presence of an abnormal ocular condition that may be the cause of an eye-strain and its accompanying disorders. And suppose an abnormal condition is found? Since most of the functional difficulties alluded to may result from other sources of irritation than the eyes, it becomes necessary to decide, if possible, whether these organs are or are not the important causative factors in the case. This can be done in two ways and by any physician. First, by the use of atropine we exclude the accommodation; and, second, by the wearing of a pad over one eye muscular fatigue from the effort to avoid diplopia is temporarily prevented. The cessation of symptoms under these conditions would point pretty conclusively to the eyes as the source of the trouble, and the results produced by these means should be capable of perpetuation by suitable glasses or proper treatment of the muscular imbalance, though the opposite is not always true, for many cases in which the symptoms persist in spite of atropine or pad, yield in time to suitable glasses, treatment or an operation. These simple methods of examination and easy diagnostic tests should be

in use in every physician's office and their routine use in all suspected cases would many times prevent grave errors in diagnosis and treatment. To carry the examination further would come within the scope of the specialist, who is competent to work out fully the possible latent conditions.

Treatment: This is the one point in the subject that has little or no relation to general medicine, as I consider the treatment of all cases of eye-strain to be entirely within the domain of the specialist, and the treatment of many of them will tax to the utmost even the resources of the most experienced oculist. So therefore, in concluding, I advise you to send all your cases of eye-strain to the best oculist within reach for treatment, for while inexpert work is often perfectly satisfactory to patients in ordinary conditions, and in individuals in whom nature has great compensatory powers and the error has been brought within the limits of those powers, the majority of cases require such a close correction of the refractive error, and such a perfect alignment of the muscular imbalance as can only be given by the most careful, painstaking and expert specialist.

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BASAL FRACTURE.

J. N. White, M. D., Texarkana, Texas.

(Read before the Texas Eclectic Medical Society.)

The subject of brain lesions is one that has occupied a great deal of time and space in works of surgery, and if we were to attempt to go into a minute description of the subject in a paper on this occasion we would find ourselves lost in the manifold intricacies and complications and you bored rather than instructed.

The results of brain lesions on the vital centers caused from fractures of the skull is a subject that should interest every practitioner and especially those who make a specialty of surgery.

This paper is not presented because of something new or startling that we have discovered on this subject, neither do we expect to try to tell you of all the recent developments and their results in brain surgery but shall mention briefly

a few well established facts in regard to fractures of the skull and results of proper surgical treatment.

It is almost impossible to confine one self to basal fracture in preparing a paper of this kind, and especially one who is not a specialist in this line of work or who has not given it a great deal of thought and practical operative experience.

It is a well known fact as you all know, that it is not the result of the fracture of the skull, **per se,** that gives us our danger as indicated by the severe symptoms resulting immediately or gradually when we have a fracture of any part of the skull, but the lesion of the underlying tissues, the dura, pia, nerves, blood vessels, brain tissues, etc.

Just what the pathological condition is in the brain and its coverings, that produce the symptoms which we have so marked, in a well developed case of what we know as compression of the brain, pathologists are not thoroughly agreed.

Von Burghman's conception of compression is slowing of circulation in the brain and its membranes by narrowing the space by the law of hydrostatic pressure, a number of well established facts prove this.

Huguenin claims to have established the following susceptibility to pressure; cortex, brain, stem, gray matter of the cord, pons, and bulb. One may be paralyzed while the next in order may be stimulated. Leonard Hill after considerable research asserts positively that the symptoms of compression are from cerebral anaemia alone: and not to direct pressure of the nerve tissues, and that the cerebral vessels were not supplied with vasomotor nerves.

The more striking symptoms of fracture of the base of the skull is more or less complete coma. And fracture of the base through the middle fossa of the skull involving the petrous portion of the temple bone there is deafness in the ear on the injured side. In speaking of coma from basal fracture, Johnson Surgical Diagnosis has the following to say; "this must be differentiated from alcoholic and uremic coma, and from apoplexy and opium poisoning. The history of injury to the head is important. Alcoholic is rarely as profound as that due to injury to the brain. The odor of alcohol upon the breath is a sign which has landed many an individual with fracture of the base of the skull or apoplexy in the police station.

The pupils are equal in the coma from alcohol. If the patient be sharply slapped upon the face, the pupil of the eyes will usually dilate and then contract again. There is no paralysis. The coma of apoplexy is complete. The breathing is stertorous, the pulse is usually slow.

There is hemiplegia or paraplegia. In opium poison the pupils are contracted to pin point size and remain so.

The patient can sometimes be momentarily roused. There is no paralysis. In uremic coma there will be evidences of nephritis, sometimes edema of the extremities; urine withdrawn through a catheter will be albuminous and contain casts.

There is sometimes general convulsions there is no paralysis. An examination of the fundus of the eye with an ophthalmoscope may show evidences of degeneration of the retina, and other signs common in nephritis."

There recently appeared in one of our daily papers here in Texarkana the following in regard to a prisoner picked up by the officers: "He was picked up by the police authorities * * * in an unconscious condition * * *. The officers thought he was drunk and without making any examination carried the man to the city jail where he was confined for the purpose of being brought before the court Monday morning. When the officers went into his room to get him Monday morning, they found him still unconscious and suffering from an awful looking wound on the head which had to all appearances been made by some kind of a blunt heavy instrument. The man lingered until the time mentioned above (11.30 p. m.) when death mercifully intervened and ended his sufferings." I mention this case to show how common and natural it is for a case of this kind to land in the police station or be locked in jail, when he should be carried to the sanitarium. And also to make this suggestion; that when any person is found in an unconscious condition that the civil authorities have the city physician or proper health officer see and examine him, so as to give him the benefit of the care he deserves, and if needed the best surgical treatment.

That the symptoms are not always so distinct and clear cut in given diseases and traumatic troubles, we who have had some years of experience have often found, while in the main we may recognize them, but we do not in every case find them quite so classical as the authors picture them or as we would like to find them.

The following case that recently fell under my care will illustrate this point and from a surgical point of brain lesion proved very interesting. A young man 18 years old fell from a moving passenger train at 10 o'clock p. m. January 10, 1911, and remained there in an unconscious, or semi-conscious condition until 5 o'clock the following afternoon, when my attention was called to him by some neighbors that lived near and who thought that he was drunk or crazy as he had been there all day. When I reached him he was vomiting, groan-

ing and complaining of severe headache. I found on assisting him to his feet he could stand and no limbs were broken. After carrying him home and cleaning him up I examined him and found a few bruises and contusions on his hands, right shoulder and back of his head.

Temperature 99½, pulse rate 65, no paralysis, no hemorrhage, no discharge of any kind from nose or ears, but continued to vomit and complained of pain in his head.

During the night he slept very little if any, bowels acted after giving salines and using enema. Morning of the 12th saw him about 9 o'clock, temperature normal, pulse 65, had taken no nourishment, still vomiting, complaining more severely of his head and still delirious at times. He gradually grew worse during the day and at 5 p. m. pulse was 60, very restless and still vomiting, etc. He had a very restless night and all symptoms much worse, and at 9 o'clock a. m., 13th, pulse 52, delirious, vomiting, and his hands almost continually pressing on each temple, still no paralysis, no hemorrhage, no escape of cerebral or spinal fluids or convulsions.

Decided to operate. Had him removed to sanitarium and prepared as soon as possible and began at 1:30 p. m. when all symptoms were aggrevated and pulse 46. Entire head was shaven and cleaned. A suboccipital circular or half moon incision was made. After carefully dissecting through the tissues to the periosteum this flap was separated down to or near the base. When the periosteum had been carefully separated from the skull all around, we found a linear fracture running from near the upper edge of the incision a little toward the right side into the base of the skull. We trephined near the center of the fracture, but on the right using a galt trephine. Then with the De Vilbiss bone cutting forceps and rongeur forceps we removed pieces of the skull until we had an opening between the size of a half or a silver dollar. In line with the fracture and about the center of it we found the coverings of the brain ruptured and some brain tissue and considerable dark blood escaping.

After removing all this and the spicula or uneven portions of the skull, during which we had considerable hemorrhage, that was only controlled by hot gauze packs; we then sutured the periosteum with cat gut and the scalp or skin with silk worm leaving a plain gauze pack and drain at the lower part of the incision on the right side. The dressing was plain sterile gauze put on rather tight in order to help control some remaining hemorrhages. He was removed to his room at 3 o'clock, was restless during the night, but respiration and circulation, pain, etc., was much better, and after the effects of the anaesthetic passed off he was perfectly rational and did

not vomit any more. For the first 48 hours he was given scarcely no nourishment, only ice water and lemonade, then for a few days a light diet but in a week he was on a full diet.

The dressing was removed the 18th, no infection, removed the gauze pack and drainage but replaced the gauze drainage loosely as there was no sign of hemorrhage. Redressed again the 23rd and removed all drainage, found wound healing nicely, also removed him from sanitarium to his home.

Removed stitches on the 26th when we found the wound for drainage had entirely healed. From this time on he was allowed to be up and around in his room and the second of February he called at my office and then reported every two or three days until he left the city which was, I think, one month from the time he got hurt. I heard from him a few days ago and he has made a complete recovery.

LARREA MEXICANA AND ANEMOPSIS CALIFORNIA

J. A. Munk, M. D., Los Angeles, Cal.

Carl Lumhultz' late book on "New Trails in Mexico" is of unusual interest, as it describes a desert country on the Arizona-Mexico border that is very little visited or known, owing to the inconvenience of travel and the great scarcity of water.

Among the many interesting things that he mentions is the greasewood plant, or Creaso bush, (Larrea Mexicana) which grows only on the desert. It practically flourishes on no water and is found from sea level up to an elevation of 4000 feet. Each bush stands separate and alone as if it had been planted there, which gives to the landscape a garden-like appearance that is very realistic. Its leaves are of an olive green color and covered with a shiny wax or resin that closes the pores which prevents evaporation and protects the shrub from drouth. The plant emits a characteristic odor which scents the air with a pungent fragrance that is suggestive of the desert.

The author describes the plant as it is found growing on the Coast of the Gulf of California in Sonora and its use as a medicine by the natives. "We still have the greasewood with us though much more scattered; even in the depressions between the great waves of the dunes this bush ekes out an existence though half buried in the sand. Here for the first time I had occasion to see its mistletoe, a parasitic plant called by the Mexicans toji. It is found only on the coast and is famous among the Mexicans as a wonderful remedy. A tea made from it is supposed to relieve all kinds of stomach ailments from

colic to dysentry. Clodomiro, the guide, found this tea so refreshing that he used it as a beverage whenever he had an opportunity. Parasitic plants of similar appearance also grow in abundance on the palo verde as well as on the palo fierro and on the mesquite, but they are of another kind and not of medicinal value. The one on the greasewood of the coast is not very common. I have not tried its efficacy, but judging from the extraordinary antiseptic properties of the bush on which it lives, I am inclined to think well of it as a remedy.

"The greasewood is the ever ready and unfailing remedy of the ranchero and of the Papago for all kinds of wounds. It is also taken internally in case of any gastric disturbance. The Mexicans have many remedies but this is one about which there is no difference of opinion. For internal use, however, the parasitic growth of the bush is considered superior. The American frontiersman by steeping the mashed leaves of the greasewood in water, produces what he considers a wonderful laxative.

"A plant (Anemopsis Californica) called by the Mexicans herba del manso was a singular growth in these pozos. Its root, which has a strong medicinal scent, like that which characterizes an apothecary shop, is perhaps the most popular of the many favorite remedies in Northern Mexico. It is used internally to cure colds, coughs, or indigestion, as well as externally for wounds or swellings and is employed in a similar way by the Indians. Of the latter, those who live in the dune country are said to have been in the habit of chewing bits of this root, as elsewhere tobacco is chewed. These plants grow here in great numbers and to enormous proportions; some of their roots were as much as three feet long and very heavy. The root finds a ready sale everywhere and my Mexicans were not long in gathering as much as they could carry. One of my men, whose horse was well nigh exhausted, walked himself in order to put a load of fifty pounds on his horse."

The Anemopsis, although long used as a domestic remedy by the natives, is a new drug on the market. It grows in many places in Mexico, Arizona and California and has recently been added to the list of specific medicines which are prepared by the Lloyd Brothers. It is regarded as a specific in nasal catarrh as well as being a valuable stimulant and alterative in constitutional diseases.

Where remedies like these are in such popular favor they must possess real value to acquire such a reputation. They have not yet been fully tested or their range of action established, but certainly deserve further trial and investigation.

STATE BOARD QUESTIONS, SAN FRANCISCO, April 1-4, 1913.

HYGIENE.

(Answer Ten Questions Only).

1. What causes tetanus? Under what conditions is tetanus most likely to develop? What would you do to prevent the development of tetanus in an individual case?
2. Name d iseases that may be carried by water.
3. What classes of patients should avoid living in altitude of over five thousand feet?
4. What is the most common cause of blindness in infants? How would you combat it?
5. Name three diseases that are spread by the improper disposal of human excreta. How does each of these diseases get into the human body? How should excreta be disposed of in order to eliminate these diseases?
6. Who first discovered and announced the value of vaccination for the prevention of smallpox? What observation of his lead to this discovery? Give approximate date of his discovery.
7. How is diphtheria disseminated; how does it enter the system and what should a municipality do to eliminate it?
8. Name three diseases that are spread by flies. What methods should be used to prevent and kill flies?
9. What other insects besides flies carry diseases to human beings? What variety of mosquito carries yellow fever? What variety of mosquito carries malaria fever? What should be done to rid a community of the mosquito?
10. What sanitary measures should be adopted in the care of a typhoid patient?
11. What is the difference between asepsis and antisepsis? Who first announced a system of antiseptic surgery? Approximate date of his birth and death?
12. What should be done to prevent spread of venereal diseases in a municipality? In the army and navy?

PHYSIOLOGY.

(Answer Ten Questions Only).

1. Give evidence of tonic activity of the spinal cord.
2. What phenomena occur following section of a lateral half of the spinal cord?
3. Why are the muscles of respiration not affected in hemiplegia?
4. Describe the natural defect of the eye known as astigmatism.
5. What is the approximate time required for a complete circulation of the blood?
6. Discuss the automatic action of the heart.
7. Discuss the regulation of the circulation in the brain.
8. To what structures are (a) vaso-constrictor nerves, (b) vaso-dilator nerves distributed?
9. Is the exchange of gases in the lungs entirely explained by the laws of diffusion? Give reason for your answer.
10. Describe intestinal peristalsis.
11. What is the digestive action of saliva?
12. What is the composition of sweat and to what extent may it be compensatory for lack of activity of the kidneys?

OBSTETRICS.

(Answer Ten Questions Only).

1. Describe proper methods of administering an anesthetic during labor, with indications for its use.
2. Discuss the matter of spinal anesthesia during labor.
3. Describe the proper procedure in threatened mammary inflammation. Where abscess follows what is the usual source of infection?
4. Give etiology of and description of puerperal psychosis.
5. How does primary and secondary abdominal pregnancy differ? Which is most common?
6. In diagnosis of transverse position, shoulder presenting, (D. L.A.) where would the (a) head be found? (b) the breach? (c) the back?
7. How would you proceed to convert a presenting shoulder into a vertex position?
8. Describe case of decidual endometritis giving its influence upon pregnancy?
9. Give the conjugate diameter of the pelvis below which you would consider the induction of premature labor advisable?
10. Give the more common successful methods of dilitation of cervix during labor.
11. Give the names of the bones and articulations of the obstetric pelvis, describing what constitutes the true and false pelvis.
12. Discuss matter of intra-uterine irrigation following complete abortion.

PATHOLOGY.

(Answer Ten Questions Only).

1. Describe the difference between infiltration and atrophy.
2. Describe the difference between simple atrophy and brown or pigmentary atrophy.
3. What changes are likely to take place in the musculature of the heart as the result of debilitating or lingering disease?
4. Describe the changes in the heart muscles from (a) partial coronary obstruction, (b) complete coronary obstruction.
5. What pathologic condition causes haemoglobinuria?
6. Describe the difference you would expect to find between the pathologic finding in nephritis caused by acute infection and nephritis caused by asterio-sclerosis.
7. Describe the pathologic changes resulting from destructive disease of the adrenals.
8. Describe the difference in the pathologic changes which take place in the lung in acute bronchitis from those which occur in broncho-pneumonia.
9. Describe the condition you would expect to find in the lungs after death from acute pulmonary oedema.
10. What pathologic changes in various parts of the body result from destructive disease of the pancreas.
11. How do the structural changes found in the thyroid in exophthalimic goiter differ from the changes which occur in the simple or more benign forms of goiter.
12. Describe the pathologic findings in the brain after death resulting from senile dementia.

GYNECOLOGY.

(Answer Ten Questions Only).

1. Describe the structures composing the pelvic floor.

2. What are the anatomical conditions which may lead to retroversion of the uterus?

3. Name and describe the ligaments of the uterus.

4. In what portion of the genito urinary tract is cancer most likely to occur and what conditions predispose thereto?

5. Give the diagnosis of cervical carcinoma, (a) clinical, (b) microscopical.

6. Differentiate a right salpingitis from appendicitis.

7. Give the clinical and physical findings in a ruptured ectopic gestation.

8. Name the conditions which may cause metorrhagia.

9. A patient states that she has not menstruated for six weeks; differentiate two conditions that might be causing the amenorrhoea.

10. Name the instruments required and the positions in which the patient may be placed for a thorough gynaecological examination.

11. Differentiate a strangulated femoral hernia from inguinal lymphadenitis.

12. Give the diagnosis in detail of gonorrhoeal infection of the female genito urinary tract not including the kidney.

GENERAL DIAGNOSIS.

(Answer Ten Questions Only).

1. Differentiate auricular fibrillation from heart block.

2. Give the symptoms and physical findings in prostatic hypertrophy.

3. Differentiate acromegaly from myxoedema.

4. Give a clinical description of erysipelas.

5. A patient, otherwise in good condition, who has been operated upon a few days previous for varicose veins of the thigh, suddenly develops dyspnoea, cyanosis, unconciousness and death. What is the probable diagnosis?

6. Differentiate cerebral hemorrhage from the syncope of acute alcoholism.

7. Describe the sequence of symptoms and signs in tuberculosis of the hip joint.

8. Name five acute infectious diseases characterized by a skin eruption and give the time it occurs in relation to initial symptoms and the appearance of the eruption in each.

9. Give the diagnostic, chemical and microscopical findings in the urine in a case of chronic parenchymatous nephritis. (Large white kidney).

10. Describe a case of chlorosis.

11. Give the symptoms and physical findings in acute pericarditis.

12. Name the clinical varieties of liver hypertrophy and give the diagnostic points in abscess of this organ.

ANATOMY.

(Answer Ten Questions Only.)

1. Describe the greater omentum.
2. Name the important structures in relation with the inferior thyroid artery. (b) Give the branches of the inferior thyroid artery.
3. Name the vessels and nerves of the pericardium. (b) Describe the serous pericardium.
4. What are the main channels for carrying on the circulation when the common femoral artery is tied?
5. Describe the deep palmar fascia.
6. Name five forms of joints and give one example of each.
7. Describe the arrangement of the bones of the foot.
8. Locate the following structures with reference to the anterior abdominal wall (a) jejunum; (b) ileum; (c) Hepatic flexure; (d) caecum; (e) sigmoid flexture.
9. Describe the azygos veins.
10. Describe the suprarenal glands.
11. Name the muscles of the posterior humeral region. (b) the anterior radio-ulnar region.
12. Give the surface markings of the heart and locate the valves with reference to anterior chest wall.

HISTOLOGY.

(Answer Ten Questions Only.)

1. What microscopic features would enable you to distinguish a section of the cornea from one of the epiglottis, both made perpendicularly to the surface?
2. Name the varieties of cartilage, a location where each is found and describe in detail one variety. Make drawing.
3. Describe the several varieties of white blood corpuscles found in the human blood. Make drawings.
4. What microscopic features would enable you to distinguish a section through lung tissue from one through omental tissue. Make drawings or diagrams.
5. How would a section from the cortex of the kidney differ microscopically from one from the pancreas?
6. What microscopic characteristics would enable you to distinguish between a longitudinal section through voluntary muscle tissue and a transverse section through dried bone. Make drawings or diagrams.
7. Describe the most prominent microscopic feature of a section of the scalp made perpendicularly to the surface. Make drawing or diagram.
8. Compare a section from the sublingual gland with one through a sebaceous gland, describing the microscopic features.
9. Compare the microscopic structure of the uterine mucous membrane with the mucous membrane of the cardiac end of the stomach. Illustrate differences with drawings.
10. Describe a nerve fiber such as is found in a peripheral nerve distributed to a voluntary muscle and compare it with one distributed to an involuntary muscle.
11. Describe all the bile passages in the liver.
12. Describe a cell found only in the (a) cerebellum, (b) cerebrum, (c) spinal ganglia. (d) Name a structure found only in the thymus gland, and (e) ovary.

BACTERIOLOGY.

(Answer Ten Questions Only.)

1. Discuss, not over one page, Bacillus Diphtheriae.
2. Define Ptomaine, Leucomaine, Symbiosis, Complement, Hemolysis.
3. From whence and how is Smallpox vaccine obtained?
4. How would you confirm a diagnosis of Typhoid Fever? Give detail.
5. How do Malarial parasites enter the blood? Give exact detail.
6. How does the Tenia Solium propagate?
7. How would you distinguish between Uncinaria Americana and Tricocephalous Dispar.
8. Name five bacilli which are the cause of acute infectious diseases.
9. What role do amboceptors play in the destruction of bacteria in the body?
10. How would you vaccinate an individual against Typhoid Fever?
11. Draw a picture of a Trypanosome. What disease do they cause in man? How does the infection take place?
12. Name five pathogenic germs which are motile.

CHEMISTRY AND TOXICOLOGY.

(Answer Ten Questions Only.)

1. (a) What are amalgams? (b) What are indicators? (c) What are alexins? (d) What are ptomaines?
2. Give the formula of each of the following: (a) hydrogen peroxid. (b) Calomel. (c) Hydrocyanic acid. (d) Arsenious acid. (e) Benzene.
3. How can nitrous oxide be distinguished from oxygen?
4. What keeps casein in solution in milk? What effect does carbonic acid have on casein?
5. Discuss the constituents of urinary calculi.
6. Describe in detail three methods for determining the presence of glucose in a mixture.
7. Mention at least ten ways by which a poison is influenced.
8. Explain how a mixture of borax and milk is a good general antidote.
9. Why should alcohol never be given when tannin in any form is used as an antidote?
10. How would you detect the presence of salicylic acid in food?
11. What poison would you suspect had caused death, if the odors became more marked on opening the body?
12. Under what conditions may fatal poisoning be caused by tomatoes and potatoes?

THE TREATMENT OF GONORRHEA

J. A. Burnett, M. D., Hartshorne, Okla.

In the inflammatory stage of gonorrhea, use:

R Specific gelsemium, qtt. xx.
Specific staphisagria, ʒi.
Aqua q. s. ad, ℥iv.
Sig. Teaspoonful three or four times daily.

Merrell's gonorrhea pills are used at the same time.

The formula is:

R Powd. cubebs.
Mass copaiba
Dried ferrous sulphate
Venis turpentine A A gr. 1½
Mix this makes one pill.
Dose: Two pills three times a day.

Lithiated hydrangea, a teaspoonful in water three times a day, alternating with the pills, is sometimes useful.

As an injection use:

R Blenol (Merrell), ʒi.
Aqua pura, ℥iii.
Zinc sulphate, gr. ii.

Inject every time after urinating. Continue treatment for at least one week after apparently cured. The patient must not use intoxicating drinks during treatment.

CONVERTING TROY PRESCRIPTIONS INTO METRIC TERMS.

Every old-time doctor sees the doom of the old form of prescription, and so many wish to adopt the newer style, but do not exactly know how this can be accomplished. The following suggestions will be found to work, and the doctor will soon discover how easy it is.

Just remember that 15 grains is nearly equal to 1 gram (gm.), dry measure; also, that 15 drops nearly equal 1 cubic centimeter (c. c.), liquid measure.

Thus, a drachm of calomel, dry measure, equals 4 grams, and a teaspoonful of syrup equals 4 cubic centimeters, liquid measure.

Also, 1 liter (1000 c. c.) equals 1 quart. Therefore, 1 pint (or 16 fluid ounces equals 500 c. c. Then 8 fluid ounces equals 250 c. c., and 4 fluid ounces equals 125 c. c.

As there are 4 drachms to 1 teaspoonful, there are 32 c. c. to 1 fluid ounce.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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NEW SERA.

The introduction of a new serum seems to be the fad with those pseudo-scientists of the "get rich quick" variety. Each one fondly believes himself to be the original and only thinker of a certain thought, and by heralding the same from the house-tops he hopes to gain fame—and possibly much gold also. For be it known, it is hard to be a philanthropist when one needs the money.

Of these great discoveries but very few have the initial strength to push beyond the confines of their immediate environment. This is due, in a measure, to their great numbers. The introduction of a new serum every few days has satiated the appetite of the profession to such an extent that the discoverer already must have a reputation in order to gain a hearing. By virtue of his being a star of the first magnitude, Dr. Flexner has the ear of the allopathic profession, and has introduced an anti-meningitic serum for which much curative power is claimed. The usual claim has been made for this serum also, namely, that it is harmless. However, this statement has received quite a severe jolt by a report recently

made to the Cincinnati Academy of Medicine by Dr. S. J. Kramer, a member of the staff of the city hospital. He reports that of fifteen children treated by his method fourteen have died—a terrifying mortality. Also that five of these died within a few minutes of the injection, and quite unexpectedly.

Under the same process as employed on the human he injected the serum into the spinal column of dogs and the same fatal results followed. Satisfied that the fault lay in the medicament, he made a chemical analysis and discovered that tricresol is used as a preservative of the serum, and therein lay the danger.

"Tricresol is a carbolic acid derivative," said Dr. Kramer in his statement before the academy. "Being one-half per cent of carbolic acid it is inocuous when injected into the spine of the adult. Injected into the tender spine of the very young child it is a deadly poison. In the adult the central canal of the spinal cord is closed. In the child the channel is open and the acid quickly finds its way to the medulla oblongata, or base of the brain, and death is almost instantaneous."

The members of the academy considered the statements of Dr. Kramer of such grave importance that a committee, with Dr. Kramer as Chairman, was at once appointed to make further investigation into the matter and report at the next meeting.

The foregoing incident or accident, as you like—emphasizes the fact that it is good practice to let the other man do the experimenting with new remedies.

JOHN FEARN, M. D.

Our dear old friend left us forever on March 29, 1913. He suffered long, but bore up like a sage and philosopher through his trying afflictions. None of the many friends who visited him ever went away depressed. He was cheerful and hopeful through all, and could inspire his hearers with the same sentiment. The writer called on him a fortnight before his death, and though startled by the rapid failure from his former condition, was shocked upon hearing of his demise. Though afflicted long with the excruciating pains of neuritis and an erratic capillary circulation—chills alternated irregularly with flashes of heat—he appeared well nourished until near the last, and few realized how severely he suffered.

Among the wide circle of friends who will miss him, probably the Eclectic fraternity, not only of this coast, but all over the world, will feel the loss most. He was one of the few who kept in touch with professional interests in spite of advancing age. Years did not abate his interest in the calling he loved, and his ardor for investigation and therapeutic progress remained unabated to the last.

The alumni of the California Eclectic Medical College will always remember him as a warm friend, safe instructor and well-wisher throughout student days, as well as during post graduate experience. His faculty associates will never forget his patience, zeal and industry, in efforts for college success. Many others, though they may never have met him, will note the absence of his practical, pithy articles, from our periodicals.

Dr. Fearn was born in Staffordshire, England, May 11, 1844. He evidently came of sturdy stock, for his life has evinced a worthy parentage. He studies medicine and practiced for a time in his native country, but came to the United States about 1874, halting for a short time in Geauga county, Ohio. From here he went to Cincinnati, where he attended a course of lectures in the Eclectic Medical Institute, graduating there, and then came on to California, finally permanently locating in Oakland, which has been his home for thirty-odd years. Here he is widely and favorably known for his sterling qualities.

In 1884 he accepted an invitation to fill the chair of materia medica and therapeutics in the California Medical College (Eclectic) then located in Oakland, and he continued to fill that post to the satisfaction of all and credit to himself and the College until the close of 1899, when press of business obliged him to resign the position. Gifted with a finely modulated voice and a natural eloquence, Dr. Fearn was one of the best extemporaneous speakers our school has ever possessed. He always knew just what to say at the right time, and how to say it charmingly. It was a pleasure to listen to him on any subject; and no one was offended when his remarks were ended.

About ten years ago he was accidentally thrown in front of a moving street car, which passed partly over him, fracturing a shoulder and several ribs, and severely shocking his system generally. From this injury he never recovered, though for a time he strove bravely to maintain an active business. Gradually, however, he lapsed into a condition of invalidism, though through his pen he has kept in touch with the profession until almost the last moment.

His only son, Dr. J. Radford Fearn of Oakland, a graduate of the California Eclectic Medical College, is now one of the ablest surgeons of the state. Also, a widow and married daughter survive.

H. T. WEBSTER.

DIGITALIS AND ITS USES*

By John Uri Lloyd, Phar. M.

Pharmaceutical Preparations of Digitalis.

Digitalis is a delicate, complex drug, decidedly narcotic, but it is so dominated by the overwhelming presence of its toxic constituents, as to preclude, when given in substance, the influence of the narcotic and other medicinal principles. The usual Pharmaceutical preparations likewise carry the poison in excess, and are indeed valued by official standardizers in accordance with their immediate or direct heart influences. The toxic constituents may be separated from the other, more kindly principles, by appropriate neutral solvents. In this manner, two pharmaceutical preparations of distinctly different qualities may be produced from the same leaves, one dominated by the toxic qualities to the subjugation of all else, the other, (in which are to be found all the volatile constituents of the drug), carrying the aromatic, narcotic and stimulating qualities. Broadly considered, the first of these classes embraces all the Pharmacopeial attempts at a representative Digitalis preparation. The second, as yet unrecognized by authority, has long been established with Eclectic physicians, who as a rule shun the toxic Digitalis preparations, seldom giving them in large doses, and fearing their cumulative effects, even when given in small doses, if long continued.

The first preparations of Digitalis employed in domestic medicine were the infusions and decoctions of the root, seed, flowers and leaves. As early as 1682, Salmon, in his New London Dispensatory, commended Digitalis, in that, "drunk with mead, it takes away obstructions of the liver and spleen." Following these, came the tinctures, but, as a rule, the favored form of Digitalis designed to act violently and directly on the heart, has been the freshly prepared infusion. Withering, the father of Digitalis, discarded the decoction because the volatile constituent of the drug was lost by the boiling process. He states:

"The decoction was therefore discarded, and the infusion substituted in its place."

Withering also used the dried leaf, in powder. The various pharmacopeias and dispensatories, following Withering, often recognized Digitalis tinctures. The first edition of the Pharmacopeia of the United States, following European processes, introduced a very weak infusion, 30 grains of Digitalis,

*This is from the advance proof of a "Treatise on Digitalis," in type over two years ago, but not yet distributed. This Drug Treatise will be mailed free to physicians, on application, by Lloyd Brothers, Cincinnati, Ohio.

8 ounces water, and 1 ounce tincture of cinnamon, as well as a tincture made of 2 ounces of tincture of Digitalis leaves to a pint of diluted alcohol. During all these years, the freshly made infusion was preferred, this being yet the general favorite when the prompt physiological action of this energetic drug is desired. The dose of Digitalis, as a rule, by the dominant school, has ever been heroic, the aim being to bring the patient as soon as possible under its influence. At the best, Digitalis infusion is a risky remedy, and its action needs be very carefully watched, **the same being true of all the toxic preparations of the drug.**

U. S. P. Preparations of Digitalis.

Infusion of Digitalis.—The present Pharmacopeial process employs 15 Gm. of the drug in the making of 1000 c. c. of the finished Infusion of Digitalis. The menstruum is water, to which alcohol and cinnamon water are added as a preservative. If the drug is prime, this preparation is comparatively active.

Tincture of Digitalis.—In the present Pharmacopeia, 100 Gm. of the drug are employed in the production of 1000 c. c. of the finished product, the menstruum being diluted alcohol. The tincture is therefore 10 per cent drug strength. It carries the toxic drug qualities very faithfully.

Fluid Extract Digitalis.—The official preparation is made with diluted alcohol, 1000 Gm. of the drug producing 1000 c. c. of the finished product which is therefore a practically drug-weight representative, the toxic constituents being not altogether extracted.

All these official preparations are toxic in their nature, the menstruums employed being devised for the purpose of representing the poisonous constituents of the drug, which they all fairly accomplish.

No official preparation has as yet been recorded concerning any proximate (isolated) constituent of the drug, of either toxic or other Digitalis quality. In our opinion, this has been a wise precaution.

Let us now contrast with the official preparations and uses of the drug, the Eclectic uses and the Eclectic preparation of Digitalis, to the production of which our care has been chiefly devoted.

The Eclectic Study of Digitalis.

Thirty years ago, Digitalis was in great disfavor with Eclectic authorities, the infusion being especially opposed.[1] In 1870, in his great work, Specific Medication, Dr. John M. Scudder gave a place to the tincture of the dried leaves, but seldom

[1]Digitalis was also bitterly opposed by the Thomsonians, it being a tenet of that school to exclude all poisons, vegetable as well as mineral.

commended it in his writings, while he altogether neglected the infusion. The reckless use of this dangerous drug served as one of the texts on which specific medication rested. The action of heroic doses, resulting in shock to the heart, either quick or cumulative, was contrary to Dr. Scudder's views of medicines' curative province, aptly voiced by him as follows:—

"As a rule, **it is best to change the manifestations of diseased life slowly,** giving sufficient time for the organism to adapt itself to the change, and gain increased strength as it returns to the condition of health. It will never do to suppress a process of disease at the risk of suppressing the organism upon which natural function depends.

"As a rule, **it is best to effect these changes insensibly, or without shock to an organ or to the entire body.** In this, as in all other things, it is the slow but continued application of an opposing force that accomplishes the greatest results. Many thousands of sick have been hurried to their graves by the sudden and forcible efforts of the physician to remove disease. This is one of the most prominent errors of the old practice, and will require considerable effort to avoid.—Specific Medication, p. 26-7.

As already stated, the abuse of Digitalis and the deaths that unquestionably followed its reckless dosage, came near excluding the drug, in any form, from Dr. Scudder's publications. They also led to his efforts to replace Digitalis with a non-poisonous drug, and in this object, cactus became a great favorite.

Then it was that this writer, holding the same views and animated by the same ambition as Dr. Scudder, but believing that the toxic qualities, the aromatic qualities, the stimulating qualities and the narcotic qualities of Digitalis were not necessarily to be viewed as a whole, began his study of the drug. It is not an exaggeration to state that hundreds, perhaps thousands of experiments, chemical and pharmaceutical, were made by him in this work. The result of his first five years' experimentation and study led him to accept that by the use of neutral solvents and precipitants, the exclusion of the major share of the toxic constituent could be accomplished in a pharmaceutical preparation, without injuring the interstructural relationships of the other qualities of the drug, but that **chemistry was destructive.** This fact established, the preparation of a comparatively non-toxic, but yet fair representative of the aromatic, narcotic and moderately stimulating textural bodies became a feasible task. The final preparation was clinically investigated by physicians, who employed it with great satisfaction, and for over twenty-five years with occasional manipulative improvements, this preparation has, with a large circle

of physicians, been a favorite under the name **Specific Medicine Digitalis.**

To show the continued effort to reach a balanced conclusion, we recall the fact that in 1903 a special visit was made to Alma, Michigan, to discuss with Prof. George F. Butler, M. D., various phases of the subject of drug action. In this conference Digitalis became conspicuous, the statement being made by the writer that the toxic part of the drug had long been excluded from the Specific Medicine, and thrown away. An abundant supply of this excluded poison was next sent Dr. Butler, who was much interested, and reported that he found the action of this substance markedly toxic, whilst the action of the "gently-acting medicinal principles" (Specific Medicine, from the same leaves) was very kindly and beneficial in cardiac disease. (See Dr. Butler's contribution to this study, pp. 18 to 20.)

Thus it is by intent that Sp. Med. Digitalis differs markedly from the infusion and the tincture of the drug, as well as from the fluid extract, and indeed from all preparations toxic in intent, in that its standard does not accord with that of the toxic preparations, accepted by authorities of the present day as the mark of excellence. This necessitates a special article on the preparation named. (See Physiological Action, pp. 23, 24.)

Specific Medicine Digitalis.

Characteristics.—Sp. Med. Digitalis has a deep green color, an herby taste, characteristic of Digitalis, and an ethereal odor very characteristic of the fresh drug, and especially pronounced in the residue left on evaporation of the menstruum. It is not as bitter as is the infusion, presenting rather an herby flavor. It mixes practically clear with alcohol, but precipitates with water, which necessitates that aqueous prescriptions by shaken, before taking each dose. The residue left on evaporation has a green color, and is largely soluble in ether or chloroform. When incinerated, but a trifle of mineral residue is left.[1] As already stated, the Specific Medicine is characterized by other qualities than the toxic,[2] these being partly volatile, and easily

[1]The residue of Sp. Med. Digitalis on calcination left but 2.29 per cent of ash, whilst the residue of the toxic solution of the same drug left 16 per cent. The ash contents vary, however, in different specimens.

[2]Many other of the Specific Medicines also agree in this in that they do not accord with accepted toxic rulings. For example, Sp. Med. Nux Vomica carries but one-fourth the official strychnine contents, as contrasted with the brucine. Sp. Med. Dioscorea is practically devoid of the irritant saponin of the crude root, and Sp. Med. Hydrastis is practically free from the toxic white alkaloid, hydrastine, the same being true of Lloyd's Hydrastis.

Medicine acts as a disturber of its delicately balanced constitu-
dissociated, texturally. The application of heat to the Specific
tion, while the action of chemical reagents is destructive to its
qualities. In consequence of the minor importance of the toxic
substances, there should be little physiological (death) action
when it is subcutaneously injected. Its solution in water being
impossible, its satisfactory hypodermic employment is likewise
impossible.

Physiological Action of Sp. Med. Digitalis.—Reference to the pharmaceutical history and qualities of the drug, as well as to the foregoing description of the Specific Medicine show that if the object sought in its production has been accomplished, the Specific Medicine should rank low in direct toxic action. That this has been practically accomplished is shown by the admirable and very carefully made investigations of Dr. Worth Hale and Dr. Charles Wallis Edmunds.[*] Out of nine commercial preparations of Digitalis, fluid extracts and other products, the Specific Medicine stood last in the list, as regards its mice-killing qualities. It was, in fact, found to be practically void of lethal qualities, and was so reported. In the experiments on cats, out of ten market preparations, the Specific Medicine, with one exception, (not a pharmaceutical preparation), was the least poisonous. It required 438 parts of the Specific Medicine to kill a cat, as contrasted with 158 parts of the most poisonous. In the other experiments, all most carefully made, similar comparative results were attained, all showing the low lethal position occupied by Sp. Med. Digitalis. Let us quote as follows: **"The 'Specific Medicine' Digitalis, made by Lloyd Brothers, of Cincinnati, offered some difficulty on account of its high alcohol content (80 per cent absolute). If it was evaporated off, a gummy, resinous mass was left, which was very hard to mix with water in such a way as to give uniform dosage. In many cases, to avoid this trouble, the solution was merely exposed in an open vessel at room temperature until part of the alcohol had evaporated, and the residue was then mixed with water to get the desired dilution. The solution thus obtained was always thoroughly shaken to insure a uniform distribution of the precipitate. In one method,**

[*]Bulletin No. 48, Hygienic Laboratory, Treasury Department, Washington, D. C. The as yet almost insurmountable difficulties in regard to scientific work with this drug or its fractional products are recognized by all, and especially by the authors of this Bulletin, who frankly state their difficulties in many directions. Their paper is, however, perhaps the most complete physiological treatise on this drug and its preparations, and this writer considers it unquestionable authority.

namely, the perfusion of the frog's heart, it is not possible to get the full action of the drug, as the precipitate which forms when the drug is added to the Ringer's solution settles to the bottom of the bottle containing the perfusion fluid, and only the soluble portion reaches the heart. It is for this reason that the drug appears so much weaker by this method than by the other methods, in which the animal receives the entire drug. The results of our experiments show that the preparation is uniformly weaker than the pharmacopoeial fluid extract."— Page 56, Hygienic Laboratory, Bulletin No. 48: The Physiological Standardization of Digitalis.

In summing up the subject, Dr. Hale and Dr. Edmunds call attention to the fact that, owing to its high alcoholic content and the abundant resinous water-insoluble constituents, the Specific Medicine could not be satisfactorily employed by them subcutaneously, but in our opinion the toxic components of the remedy were practically abstracted by them, the water-insoluble residues carrying little, if any, poison. Their experiments may be accepted as demonstrating that Sp. Med Digitalis, as regards its poisonous constituents, stands at the very bottom of the list of commercial Digitalis preparations. **Physicians believing that the therapeutic value of a remedy is established by its physiological or toxic qualities, as determined by subcutaneous experiments on the lower animals in health, should not employ the Specific Medicine, for we believe it proven that the Specific Medicine is the most innocent of all pharmaceutical Digitalis representatives.**

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

CALIFORNIA STATE ECLECTIC MEDICAL SOCIETY

My Dear Editor:

Just a few words in re. the coming annual meeting of the Eclectic Medical Society of the State of California, to be held at the Palace Hotel, May 27, 28, 29.

Being the first woman so honored by the society, your president is ambitious that this session be second to none in re. the "intellectual love feast" usually prepared for all.

Special arrangements have been made for an exceptionally interesting and instructive program. This being the 40th anniversary of the Society, the President is very anxious that this session be a memorable one in the history of the Society, that the attendance be large, that all who attend be made happy, and vice versa those who do not come—every member of the Society is urged to be present, those who are not members of the Society are invited to join with us, thereby aiding in strengthening a Society founded upon such progressive principles and so productive of beneficial results as the Eclectic Medical Society.

Come, share with us the work of the Society as well as its pleasures, in fact, **come** and be one of us in advancing the cause of Eclecticism. As a Society let us keep pace with the progressive spirit of our own beloved California, taking for our slogan Excelsior—remembering always that "They build too low who build beneath the stars."

AMY FLORENCE TEMPLE, President.

COLLEGE NOTES

(Herbert T. Cox.)

The first affair of the commencement season has occurred. Drs. D'Angelis and Goff entertained the Seniors and Juniors at the former's apartments with a "Maxitalian Dinner" on the evening of April 10, 1913, the invitations being issued in the unique form of a request to come and have the specific indications of an empty stomach relieved by variously concocted formulae.

On approaching the apartments the members of the party were guided to the particular place by the shining letters C. E. M. C. and the everburning emblem of Eclecticism, which shone forth brightly on the door with a blue-background of crepe paper, which produced the effect of the College colors as the light illuminated it. So that all that saw the lamp followed it and were guided without error to the indicated remedy for the evening. After a social time, during which all had time to assemble and to comfortably situate themselves for the oncoming operation, Dr. D'Angelis announced that the chief compounder had everything in readiness for the

treatment. We shall not attempt any description of the remedies, their habitat, history or physiological action, because space would not permit, and lack of information and education would fall short of any such task.

After all the various courses had been served there was not one person present who could not truthfully say that Drs. D'Angelis and Goff had successfully diagnosed and more than relieved his symptoms. Indeed we think they would make a valuable addition to any first-class Spanish Cafe. At a late hour the party broke up and each wended his way home, feeling that a very pleasent evening had been enjoyed. Some seemed to like to hover in juxta-position to the punch bowl during the evening and fish red cherries, but as Dean Munk was their chaperone, he saw that none imbibed too freely.

The Seniors have been very busy during April with their final examinations, and are now through with the hardest of them. The remainder of the students are now in the midst of their trials and tribulations.

Dean Munk reports that there have been more inquiries from prospective students and requests for catologues than there has been before at this time of the year.

Dr. Foss has taken the Chair of Genito-Urinary and Skin diseases which was being filled temporarily by Prof. Roath.

The Autoitis seem to have broken out again. Dr. T. C. Young and Dr. C. Roath having purchased new machines.

One bright day early in April, the students of the Senior class went out to Eagle Rock Avenue and by main strength carried off Dr. Baird's Static-machine from his old office across the street to his nice new one he has just completed. Professor Baird has a very fine and conveniently arranged office for one in a residence district.

NEWS ITEMS

Dr. M. E. Eastman has changed his address from Pine Creek, Oregon, to Weaverville, Cal.

Dr. R. Munda Sinclair, San Francisco, has gone to her mountain house, Shasta Retreat, Dunsmuir, Cal., for the summer.

Dr. Lewis Lee has moved from Los Angeles to Standish, Lassen County, Cal.

Dr. H. O. Conoway, Reynolds, Nebraska, has moved to Phillips, Nebraska.

Dr. Frank Cornwall announces his removal to the Lincoln Bldg., 246 Powell St., San Francisco.

WANTED—A woman Eclectic or Osteopath to go to the mountains for the summer, and form a partnership with a well known and established physician.

WANTED—An Eclectic who has just taken the State Examination desires a suitable location, substituting for a few months.

Many requests for catalogues and enquiries about College work are being received from prospective students for the next term of school.

WANTED—To sell a practice which has been established for seven years in Northern California.

The following have renewed for the Journal: Dr. A. Florence Temple, San Francisco; Dr. A. S. Brackett, Los Angeles; Dr. E. D. McKenney, Union, Oregon, and Dr. Lewis Lee, Standish, Cal.

Dr. Clinton Roath has disposed of his Stanley Steamer and purchased a new Overland automobile.

Dr. A. E. Byron, formerly of Oakland, has located in the new town of Owensmouth, near Los Angeles.

May will be a busy month for the Eclectics in California. The annual meeting of the Southern California Eclectic Medical Association will be held on May 6th, with an all day session. The College commencement will be on the evening of May 22d. The annual meeting of the California State Eclectic Medical Society will be held on May 27, 28, 29 in San Francisco at the Hotel Stewart. The meeting of the Southern California Society and the Commencement will be in the Assembly Hall of the California Eclectic Medical College, Los Angeles.

REDUCTION OF NERVOUS TENSION.

One of the most positive therapeutic powers possessed by PASADYNE (Daniel), the Concentrated Tincture of Passiflora Incarnata, manifests itself in states of high nervous tension. As a rule, the sufferers are poorly equipped with moral resistance and consequently it is of the highest importance in choosing remedial measures to guard against agents which might establish a habit. In using PASADYNE (Daniel) the physician need not give this possibility any heed, for it is quite free from such a disadvantage. In a wide variety of nervous affections PASADYNE (Daniel) is of the utmost value, which is further enchanced by its freedom from evil consequences. A sample bottle may be had by addressing the laboratory of John B. Daniels, Atlanta, Georgia.

Fortieth Annual Meeting

Eclectic Medical Society

STATE OF CALIFORNIA

San Francisco, May 27, 28, 29, 1913

OFFICIAL HEADQUARTERS

PALACE HOTEL

REDUCED RATES TO ALL MEMBERS FOR THIS MEETING

For Reservation, Address DR. H. FORD SCUDDER, 337½ South Hill St., Los Angeles

The California Eclectic Medical Journal

Vol. VI. JUNE, 1913 No. 6

Original Contributions

THE GONOCOCCUS

W. B. Church, M. D., Gary, Indiana.

It is now more than thirty years since we were introduced to this microbe as the causal germ of a venereal disease that has wide prevalence and a long history. It seems to be a case in which knowledge of the cause has had the effect to increase the gravity and lessen our ability to cope with the disease.

Most recent writers assert that gonorrhoea is a far more serious malady than generally supposed, and admonish us to more thorough and persistent treatment.

However, we should not advise a traveler who has taken the wrong road, to increase his speed. Before urging more thorough and more persistent treatment, it may be well to see whether the treatment is well or ill advised. The divergent views of authorities, with the multiplicity of remedies, raise a suspicion that the standard treatment is at least defective, but so mild a verdict falls far short of the truth. It is no exaggeration to say that mankind would be far better off today if no doctor had ever tried to cure a case of gonorrhoea. It is up to the profession to determine if the best they can do for the victims of gonorrhoea is to increase their sufferings and disabilities a thousand fold. That this is a moderate statement of the treatment they have so long applied can be fully demonstrated. That a complete demonstration of the havoc wrought by them will cause them to abandon such a pernicious treatment let no one flatter himself. A striking peculiarity of the medical man is his persistence in following a beaten path. He is so full of enthusiasm over the promise of wonderful progress in the near future that he is indifferent to errors that have become hoary with age—long indulgence. That we must look to the next or future generations for needed changes is but a repetition of the experience of all who have tried to disabuse the medical mind of error. We always have to go back to Nature for the necessary pointers when we have gone wrong.

In a perfunctory way we talk of aiding Nature when we take charge of a sick man, but in no other case than the one under consideration do we act in a way so diametrically opposed to her.

Nature has a plain definite plan in combating gonorrhoea, and an invariable method of carrying it out. The plan is to confine the invading Gonococci in such limited space as to check their prodigious rate of reproduction, and insure their early destruction from the toxins of their own excretions. Her method is as effective as the plan is admirable. Immediately the gonococci gain access to the bodily tissues lencocytes, in great numbers, leave the blood vessels in that vicinity and surround the focus of infection, infiltrating the adjacent tissues, pressing into all interstices until they have erected a wall or barrier about them too dense to permit their dispersion. The technique of this defensive measure involves more or less discomfort and disturbance of function. In the usual location, the prepuce, the glans penis, the urethral wall, the whole distal end of the penis are hypertrophied and greatly increased in density. The caliber of the urethra is so much encroached upon that micturition is made difficult and painful. Other incidental discomforts of the barricade are phimosis, paraphimosis, balanitis and chordee, all of which are unavoidable incidents of the method of cure, which must be patiently borne until the purpose of the barricade is accomplished.

When the focus of infection is an eye, the plan and method of resistance are the same, and the incidental discomfort more marked. The lids are puffed into great cushions, lencocytes pack the conjunctiva until it is so distended that it folds in a dense ridge upon itself; the cornea becomes hazy and dense to a degree very menacing to its circulation. Even the aqueous humor is infiltrated until it is no longer aqueous, but a thick viscid mass. Each of these several phenomena are, by medical men, interpreted as evidence of intense inflammation, but with no suspicion of their real purpose. Treatment is directed with the purpose of subduing the inflammation and destroying the gonococci. It is no exaggeration to say that no treatment thus far devised can be applied with any assurance that it will not aggravate the disease and increase the tendency to development of dangerous sequelae.

Nature is still wiser than any of her children, even though they be doctors. We have seen that her chief care is to corral them (the gonococci) strictly within the area they have invaded; as they have no power of spontaneous movement, it is not difficult to barricade them; leaving open only the route by which they entered from the urethra, the increase can only be accommodated by pressing them back into the urethra,

and as progress in other directions is blocked, continuous accessions force them out through the meatus in a thick creamy fluid. The weak point in this blockade springs from the necessity of leaving the posterior urethra sufficiently patulous for urination. The principal reliance to meet this emergency is by frequent urgent calls to urinate; the urinary stream acquiring increased force from narrowing and obstruction of the passage, determines the direction of the flow outwards.

The contest will be maintained with little change for from seven to ten days, when there will be signs of diminishing activity and vigor, or as we are accustomed to call it, subsidence of the acute stage. This change is really due to the poisoning of the germs from their own excretions to which they must soon succumb, provided the close blockade is rigidly enforced and maintained. As soon as the invaders thus perish, the barrier is quickly removed, with immediate restoration of comfort and normal functions. It remains to inquire to what extent, if any, does the doctor in attendance contribute to this happy outcome. It is evident that the all important investment of the original focus of infection was greatly facilitated by the inability of the germs to make spontaneous movements; this insured quiet submission to their fate, which might have been very different if they could have scattered in all directions. All forms of life have the quality of irritability or response to external stimuli; such single celled organisms as have no organs of locomotion may transfer themselves from one location to another, not purposely, but by reflex or automatic response to stimuli. For instance, just at the time the leucocytes were trying to corral a colony of gonococci that had set up in business on the body tissues, and were feeding contentedly, let them be suddenly drenched with a highly irritating solution, and they will instantly respond with alternating frantic movements of expansion and contraction that will persist until they are carried beyond the sphere of influence of the obnoxious irritant. Some will burrow beneath the surface and be carried along the lymph spaces into joints; others will reach the blood stream through the capillaries and be widely distributed, completely subverting Nature's plan for disposing of them, and leaving them free to do their worst, and maintain possession indefinitely. Aided by confederates of various kinds, they will be responsible for many painful, persistent and crippling maladies, often spoken of as chronic rheumatism of an inveterate and hopeless type. It goes without saying that of themselves gonococci could never become such a scourge. It becomes possible only by thwarting with senseless treatment Nature's method of antagonizing them. Obsessed with the idea that a cure of gonorrhoea is only to be

obtained by destroying the gonococci, the search is kept up for a remedy that will do this without harming the patient. The remedies advised are legion, and the solutions are of all degrees of strength. Many have been devised that cause them to **disappear,** but we have seen that the result of such disappearance has been favorable to the gonococci but disastrous to the patient. Meantime, no gonococci has been destroyed, only the disease has become more and more a scourge, until Osler declares it hardly second to syphilis.

The single crumb of comfort for the great regular medical profession in their colossal failure to cope with this disease is Crede's prophylaxis in ophthalmia neonatorum. They are naturally inclined to make much of this; some state boards have furnished the physicians of the state an outfit, and inserted in each birth certificate a demand that the physician admit he has applied it. It is clearly a requirement far more honored in the breach. This prophylaxis is due to the fact already dwelt upon; the silver nitrate in 2 per cent solution is extremely irritating to the germs, and if applied before they have perforated the delicate epithelium, it excites very lively reflex movement to remove them from contact with it; the only route open is through the palpebral fissure. As the doctor doesn't see them emerge, he flatters himself they were killed by the solution.

It is a barbarous and unnecessary method that should be replaced by irrigation with normal salt solution; that is excellent treatment also even after the discharge shows the germs have perforated the epithelium; whereas the silver solution at this time, has proven disastrous and sure to cause blindness.

Not to tax your patience further, allow me to point out the one chance you have to really assist Nature, and secure a speedy cure of every case, and avoid so-called sequelae in every case. By irrigation of the anterior urethra at the outset with a mild unirritating solution. The normal salt solution is excellent for the purpose; it will be easy to prevent any germs from reentering through the posterior urethra, and ensure expulsion of all the increase through the meatus. Never use any irritating chemicals such as Potas. perman. or merc. bichlor. The irrigating stream must not be given sufficient force to send it beyond the compressor or cut-off muscle, leaving this to reverse the current and make it find an outlet through the meatus. The solution should not be hot, for an excess of heat would irritate and excite to the reflex action we especially wish to avoid. As much as two quarts of the saline solution should be used at each treatment, should be repeated twice a day for three or four days, and then once a day for a

week or ten days. All cases treated promptly at the outset, if not aggravated by injection or other attempts at treatment before you see them, will be cured inside of three weeks, and you will not be annoyed with gleet, chronic gonorrhoea or any of the so-called sequelae.

A CASE OF EPULIS OF THE LOWER JAW

B. R. Hubbard, M. D., Los Angeles.

(Read before the California Eclectic Medical Society.)

It is quite common for surgeons and others to call any soft growth springing from the gums an Epulis, however the term should be applied only to such tumors as have their origin in the periosteum or alveolar margins of the jaws, affecting the overlying soft parts secondarily, its appearance being first manifested between or by the side of the teeth as a small bright red spongy tumor, which develops more or less rapidly, depending entirely upon the nature of its structure and the tissue from which it originates. This form of growth is usually slow but if left undisturbed it often attains great size, causing marked deformity. As to form this growth is divided into two classes, the pedunculated and sessile, also according to the character of its structure into the benign and malignant. The benign growth is frequently observed in early life and not infrequently in individuals over twenty years of age, while the malignant growth is most likely to be encountered in persons past the middle age of life, and having their origin in an alveolar cavity from which some time previously one or more teeth had been removed. Such a condition does not always present, as frequently, the growth starts in the alveolar border loosening the teeth which are usually removed under the belief that the fangs are diseased, causing the tumefaction.

Some of these growths are hard and cartilagenous, others soft and spongy. The latter is the most destructive, especially if of the small-celled variety, frequently attacking the body of the jaw bone resulting in degeneration of the osseous structure. The soft or spongy Epulis may contain both the small and giant cells, intermingled between the fibrous tissue, and as it increases in size becomes exceedingly vascular.

The growth becomes tender and painful from frequent attempts to masticate food, the opposing teeth often forming deep indentations in the pulp-like mass sometimes causing hemorrhage, the blood permeating the stroma of the tumor, giving it a brownish appearance, giving rise to the name "pigmented epulis."

While this kind of tumor is undoubtedly malignant it is only locally so considered, and if not thoroughly removed in attempts to bring about a cure through surgical measures, it will return again and again.

Epulis will not yield to medicinal treatment at any stage of its development. If the true nature of the growth is discovered early one or more of the teeth next to the tumor should be extracted and that portion of the periosteum and alveolar process in which it originates removed with a sharp curette. The base of the pedunculated form may be incised with a small curved bistoury and that portion of the periosteum from which it springs may be dissected from the alveolar process with the tumor and in this way effect a cure.

The sessile growth will necessitate the removal of a considerable portion of the adjacent osseous structure to insure getting outside the diseased area including the tumor to prevent recurrence.

Some months ago the writer was asked to take professional care of a lady having a malignant epulis, its origin being in the right lower maxillary bone involving the middle and a portion of the ramus of the jaw. The patient, an "ancient maiden lady" some fifty years of age, first noticed the small tumor some six months previous to the time I first saw her. It appeared beneath a section of gold plate which embraced two molar teeth. Thinking that perhaps the plate was not properly fitted to the gum and was the cause of the local disturbance she had it removed. After which time the growth developed rapidly until it reached the size of an egg extending mostly outward involving the tissues of the cheek and also pushing inward from the jaw against the base of the tongue, it being so large that the patient was unable to close the mouth by an inch or more, although the upper opposing teeth were imbedded into the stroma of the morbid mass almost their entire length. The patient experienced but little pain in the tumefaction except when eating. There was little or no rise of temperature, the pulse rate a little increased which was not due so much to the presence of the morbid growth as it was to the anemic condition of the patient, there being no other symptoms of note except the abnormal swelling of the cheek.

The removal of the growth, together with a part or all of the jaw bone that might be involved was advised and consented to, but previous to executing the work an incision was made to the depths of the growth and a small piece of tissue removed for examination, which being made proved the growth to be a giant celled sarcoma.

The patient at once entered the hospital and after the necessary preparation, underwent the operation, the technic of

which, will be briefly given, owing to some peculiar features in the case.

After the face and neck was rendered aseptic a curved incision was made from in front of the ear downward and back of the ramus of the jaw bone to a point near the lower portion of the mental symphysis, dividing the skin, superficial fat and fascia exposing the masseter muscle, which was divided about its middle and each lateral half reflected back from the underlying growth after the tegumentary flap had been dissected free and turned upward and forward over the superior maxilla. While executing this work care was taken not to divide the facial nerve, it being retracted to one side while the malignant mass was being removed.

The tumor was a spongy mass the size of a large egg. While dissecting it from the jaw bone hemorrhage was very free and so difficult to control by ligature on account of the friability of the tissues that it was necessary to cut down upon and ligate the external carotid artery. The parotid and submaxillary glands were found involved in the disease and were removed. On exposing the inferior maxilla it was found that a portion of it was absorbed by the disintegrating effect of the disease, over an inch of it was thus affected leaving the jaw in two sections. The bone was bared within an inch of the mental symphysis and divided with a wire saw and removed. The other section was then dissected free from the adjacent soft structures and disjointed from the temporal bone and also removed. This amount of tissue removed, a ghastly wound resulted. All bleeding points were next secured by ligature, the traumatism cleared of blood and other fluids; the ends of the masseter muscle were then approximated and secured with cat-gut and over this the skin flap was turned back into place and secured with fine horse-hair, using the chain-stitch form of suture.

The patient was not in a good condition to withstand so severe an operation, being somewhat anemic from long confinement from chronic pleuritis and rheumatism. Notwithstanding this embarrassing condition she recovered quickly from the operation and left the hospital at the end of the second week and at the expiration of a month the wound was healed with little deformity and scarcely any paralysis.

Four months after the operation there was no evidence of the return of the growth. The external parts involved in the operative procedure had well assumed their normal condition and the patient could masticate her food as well as ever she could. This case may be considered exceptional as the "operation was a success **and the patient lived.**"

SERUMTHERAPY IN ERYSIPELAS

Oran Newton, M. D., Long Beach, Cal.

(Read before the California Eclectic Medical Society.)

My object in writing this paper is to describe the apparent action of antistreptococci serum in the treatment of a case of facial erysipelas. Mr. M., age 58 years, developed a case of facial erysipelas which ran a typical course. Beginning with a chill, soon followed with a temperature of 103½. The infection beginning on right side of face crossing bridge of nose, traveling upward through the scalp and down the back of the patient. The right side of face was more affected than the left. Temperature ranged from 101 to 104½ until end of eighth day, when it dropped to normal and going slightly below normal in the morning with slight rise in the afternoon. The swelling almost entirely subsiding in the face, but the back of patient still showing active infection. From 9 to 13 day—morning temperature subnormal with afternoon rise to 101-102. On the 14th day the infection began repeating itself, traveling over the same course as it did the first time, only affecting the left side of face more than the right. This was a peculiar case inasmuch as the infection repeated itself for the second time. The third time the infection traveled the same route as before, but did not seem to be so severe as the swelling was not so great and did not last for so long a time, as the two times previous. I have never seen a case of facial erysipelas repeat itself as did this one. Several practitioners, to whom I have described the case, state that they do not recall any case similar to this one in this respect. The infection certainly was a severe one extending down the back of the patient covering the thighs and upward over the shoulders covering the anterior surface of arms one-third the distance to the elbows.

Now for the treatment. Internally Tr.—Chloride of iron and veratrum were given from the first. Echafolta, Phytolacca, Gelsemium, Salicylates and other remedies were given from time to time as they were indicated. The bowels were flushed daily with saline laxatives and high saline enemas. Locally applications of Sp. Veratrum full strength, Crede's ointment, "which is a silver preparation," Bichloride Hg 1/5000 Sol., Campho-Phenique full strength and Tr Iodine were made in order named with about equal results. None of them seemed to have any effect toward checking the spread of the infection but to some extent were palliative and soothing to the patient.

On the 26th day from beginning of the infection, an injection of 10 C. C. of Streptolytic serum "Cutter" was given.

At this time morning temperature sub-normal. Afternoon temperature 104½. This dose of serum was given for five consecutive days. On the second day after the first dose was given temperature reached 103. On sixth day temperature 102½. On eighth day temperature 99.6. On ninth day the temperature did not go above 98. During convalescence temperature did not go above normal and most of the time was slightly sub-normal.

Having had very little experience with serum I am not in a position to determine just when it will do good, but it apparently did good work in this case. On the seventh day after the first dose was given, an eruption which lasted for five days, much resembling Urticaria appeared upon lower extremities, thighs, and abdomen, which was very annoying to the patient, causing nearly as much distress as did the erysipelas. Streptolytic serum is said to act by bacteriolysis. Its action in the blood is claimed to be destructive and antagonistic to the streptococci. I do not know how it works, as this was my first experience with serum in the treatment of erysipelas.

THERE IS NOTHING NEW UNDER THE SUN.

R. Emmett Foley, M. D., Stockton, Cal.

(Read before the California Eclectic Medical Society.)

Regardless of the eulogistic opinions of those who wrapped in optomistic or egotistical mantels hold aloft the phantom banner on which is inscribed the science of medicine.

Now there is no true science in medicine except it be that chance and empiricism dominate the practice of medicine. Eclecticism in medicine is practically the application of the American utilitarian idea that fact rather than fancy should dominate in matters pertaining to the healing art. Eclecticism is doing away with that uncertainty in medical practice which has ever been its bane.

In pure politics it is not party, but policy; not men, but measures. In right religion it should not be creed, but conduct; not manner, but morality; not preaching, but practice. Be sure and remember this: that in modern medicine it is not name, but condition; not sect, but sense; not pathy, but results; neither creed nor code, but cure.

The practice of medicine is something or it is nothing, according to your ability. If you have taken in the pathological conditions as they appear, and have not been sidetracked by name or too much mixing of drugs, you are OK. On the other hand if you place too much reliance on theories and haphazard prescribing you are eternally lost—and so is the patient. You must remember that medicine has never reached

the altitude of a perfect science, and I venture to assert never will unless the medicine is a specific for the condition for which it is prescribed.

When we come to understand the pathological conditions of disease we will not mix our medicines as we do now, but will depend more upon single remedies, for I verily believe that I can do more with single remedies than a combination of medicines. So give a thought to the specific medicine Echafolta or Echinacea in Typhoid it is sure. What about Belladonna in Whooping Cough? Think of Aconite in initial fever of children. You can surely reduce chronically enlarged tonsils with specific medicine; Phytolacca without having to resort to amputation. Rhus in Erysipelas is the ticket; vote it. Dioscorea in bilious colic. In Pneumonia give Veratrum or Bryonia; they are the remedies.

I have said and have published an opinion, that a physician, under favorable circumstances, should reduce the mortality in pneumonia less than four per cent or quit the practice of medicine. We have the remedies for such results without resorting to the nauseating compounds generally given in pneumonia. First, we must study the pathological conditions, the individual peculiarities of each patient. The nosological name of John Doe's disease may be the same as that which affects Richard Roe, but the treatment perhaps should be different as the patients differ from each other. So study individuality. Whether you cure disease or not, you will cure sick people. What do we care for disease, so our patients get well by the use of specific medication.

I believe it was once said by Dr. Cooper that all persons who die because they were not properly treated had been positively killed—and the number runs into multiplied millions. Why is this? Because definite actions of medicines have been ignored by a very great majority of physicians, and in doing so they have at the same time ignored the sound pathological conditions for remedies. Again, we have not tested our remedies singly so as to understand the affinity of each one, together with the remedial effect.

The treatment of disease by name regardless of the pathological indications for the specific remedy, has been a stumbling block to medical science and a curse to past generations. This promiscuous prescribing for name is one of the most unscientific methods in the practice of medicine. On the other hand all the science in medicine is the outcome of specific testing of medicines. Direct methods, direct remedies and practical ideas. This idea is emphatically as regards the single remedies, and will have much influence over indiscriminate drugging, which often produces toxical effects.

The Single Remedies.

It is not necessary to combine many remedies; it is only a habit. We can never feel sure of the physiological action. Success in therapeutics can only be obtained by studying the action of single remedies given alone. In studying the action of single remedies, when we thoroughly understand the true medicinal conditions of remedies and find it necessary to unite the action of other remedies, we usually prescribe them separately or give them alternately.

So says Sir Thomas Watson: "Far from thinking our warfare with disease is a vain warfare. I am only desirous that our arms should have the precision of the modern rifle instead of the wild flight of the old smooth bored shotgun. Our remedies should be simple, that is, they should be mixed as little as possible."

Says Brown Sequard: "I find very little is known as regards the real and ultimate actions of remedies and this is much to be regretted, as therapeutics will cease to be empirical until this last kind of knowledge is obtained."

Now this is almost the universal confession of the so-called regular medicines. And such will be the case just so long as men prescribe for name instead of the pathological conditions of disease.

THE DOCTOR.

M. B. Morey, M. D., Smiley, Texas.

(Read before the Texas Eclectic Medical Society.)

"Backward, turn backward, oh time, in your flight,
Make me a child again just for tonight."

One of the strongest memories of our earliest childhood is of our father lifting us from his knee while we protested, saying: "Yes, dear, papa must go, some one is suffering," and it was a long time before we understood why he must go, and we do not remember that we ever became reconciled to the fact.

We often wonder even yet if the laity ever realize what the family of a physician gives up that they may have prompt attention or care when the doctor is called, but we do know that our young hearts were filled with rebellion that we were not permitted to enjoy our father as other children did and as we watched his thoughtful brow we seemed to feel in some way we were being robbed of our lawful right.

We will give in this paper a short synopsis of the life and incidents that led to the study of medicine by our father, Dr. David Beach, and to us "The Doctor," and thus describe some of the early Eclectic Physicians and their works.

He was one of a family of thirteen children, the seventh and youngest son born in 1815 A. D., sixty miles above Cincinnati, Ohio.

In his early boyhood they had Typhoid Fever in the family and not one of them escaped having it, and, strange to say, none died but the mother. She took it after she had cared for all the others and father always said her skill saved the others, but herself she could not save.

On returning from a flatboat trip to New Orleans he fell unconscious, stricken with cholera. This was the visitation of that plague in the years 1832 and 1833.

Soon after this recovery he went to Marion county, Ohio, to visit an older brother, a lawyer who had just married. He was engaged to the wife's sister, but in less than a twelvemonth both sisters died of the white plague (tuberculosis). Was not this enough to make him think?

A year later he married a younger sister. When the first child came it was a malpresentation that resulted in a twisted ankle.

He was disgusted with the leech, the lancet, blistering and mercury of the M. D.'s of those days and said to his young wife, "There must be a better way and I have a relative (Wooster Beach) who says there is, and if I must bring up a family I will find it."

So he started for Worthington, the location of the then Eclectic School or Institute.

He spent two years in study and it has always been a marvel to us how he accomplished so much in that time. It must have been he craved the knowledge.

We suppose he was master only of the three R's. and a surveyor when he entered the institute and came out a Latin scholar, a botanist, a pharmacist and a physician. but at the age of twenty-four two years of solid study worked marvels.

Those early Eclectics did not have our Specifics and fine extracts and tinctures, as many of their remedies were prepared by themselves with crude methods and implements. Still the times were big with opportunities and they laid the foundation of our Materia Medica of today. They were brave men and brainy. Students of drugs and nature, testing and proving all that came into their hands, searching for new remedies and testing them by the bedside of their patients. Experience gave practical knowledge and they had unbounded confidence in themselves with their proven remedies.

We once heard our father say to his brother, "Stephen, there are plants in your sugar grove-wooded pasture that will cure all the ills that human flesh is heir to," and he fully believed it.

We have since looked over that country. There was the podophylum, lobelia, sanguinaria, apocynum, hydrastis, leptandra, eupatorium, asclepias, thuja, verbascum, wahoo, gensing, xanthoxyllum, phytolacca, collinsonia, iris, uvedalia, cimicifuga, caullophyllum, mitchella, trifolium and many others, besides every garden had its chamomile, crocus or saffron, yarrow, pennyroyal, tansy, wormwood, anise, peppermint, wintergreen, sage, catnip, etc.

We shall never forget seeing our brother carried in very sick and limp as a rag. When asked what was the matter he said: "Papa talked so much to the man what that plant would do we thought it must surely be good to eat and we ate some." He had gone with father to gather plants and it was lobelia that he had eaten, much to his discomfort.

We naturally value most costly things, and the use of lobelia cost one of our earliest medical reformers dearly. For Dr. Frost spent three months in prison because of it. So Dr. Samuel Thomason was tried for murder, although he and Dr. Manassah Cutler, LL.D., introduced it.

In this case it was proved that he used marsh rosmary and was acquitted. Through these two trials the name of lobelia became odious to the old school and they have never gotten over their dislike or prejudice. Lobelia was used as a domestic remedy and by the Penobscot Indians. The first account of it we find in 1785. Much of the wonderful success of the early Eclectics, we think, they owe to the use of this drug and its combinations. We do know father thought it one of his sheet anchors. We think it Providential that this band of men arose just when needed to grasp and fix in our armamentorium all that lo, the poor Indian could give us when at their best. Our echinacea was the Sioux Indians' remedy for the bite of the rattler.

Our father was a great reader and thoughtful man, so he was called to talk on all new subjects. To answer the suffragists, to lecture on phrenology, the so-called spiritual manifestation, mesmerism, etc. He was a lover of astronomy and a believer in the nebular theory and an omniverous reader. He sought all new books, especially those that dealt of science or occult subjects.

The amount of work those early Eclectics accomplished was prodigious. Many of their own medicines were prepared by themselves and father had his labels stereotyped and printed them in his office, and even made their own boxes, and we think them very simple and unique. They were three-cornered and square, made of pasteboard and the pasted label held them together.

Father always kept in his office of his own make, five kinds of pills: Antibilious, cathartic, liver, ague and female; worm and cough candy, cough lozenges, painkiller, neutralizing cordial and antispasmodic tincture, their elixirs and syrups, diaphoretic, emetic and many other powders.

Are we going to lose all this and be absorbed? It remains for us to say.

Hume, Voltaire, Tom Payne, A. J. Davis, Roy Sunderland, Darwin, with his evolution, descent of man, origin of species, etc. And after an evening spent with one of these new books, he would go to the piazza, where the heavens were visible, and sing this hymn by Joseph Addison:

"The spacious fermament on high,
With all the blue ethereal sky,
And spangled heavens a shining frame,
Their great Original proclaim.
The unwearied sun, from day to day,
Does his Creator's power display
And publishes to every land
The work of an Almighty hand.

"Soon as the evening shades prevail,
The moon takes up this wonderous tale,
And nightly to the listening earth
Repeats the story of her birth,
While all the stars that around her burn
And all the planets in their turn
Confirm the tidings as they roll
And spreads the truth from pole to pole.

"What though in solemn silence all
Move round this dark terrestial ball?
What though no real voice or sound
Amid the radiant orbs be found
In reason's ear they all rejoice
And utter forth a glorious voice,
Forever singing as they shine,
The hand that made us is divine."

A PECULIAR EXPERIENCE WITH SANTONIN.

J. Fraser Barbrick, M. D., Los Angeles.

(Read before the California Eclectic Medical Society.)

On January 24, 1912, I was consulted about a case which, from the history given by the husband, suggested pernicious vomiting of pregnancy. When I called at the patient's resi-

dence I found a young woman, well nourished, seemingly in good health, and giving the following history and symptoms: Married one year; health always good; both parents dead; last menses July 6 to 10, 1911. With pregnancy she became nervous and came to California from the East on partly a health and partly a honeymoon and sightseeing tour. The ordinary nausea of pregnancy was no worse than usual, and until quickening, nothing occurred to alarm her, though the nausea and vomiting never wholly ceased. With quickening the nausea became almost constant and vomiting took place at any time, though more in the form of gagging than expulsive emptying of the stomach.

About a month before I was called, new symptoms had appeared in the shape of fainting and confused spells, with colicky abdominal pains; and it was these latter troubles that sent her to seek medical advice, and she called on Dr. Munk, to whom she had been referred by her family doctor in case she needed a physician. Dr. Munk prescribed for her and the remedy given was Santonin, which acted remarkably well, comparatively relieving all symptoms for about ten days. Santonin was administered on the theory that the conditions present were due to reflex irritations. (See Ellingwood, Mat. Med. & Ther., pp. 729-730; and Munk, Am. Med. Journal (Ecl.), St. Louis, Mo., January, 1898; and California Eclectic Medical Journal for January, 1912), and the beneficial results certainly justified its use and proved the correctness of the diagnosis and one of the specific actions of, and indications for, the remedy.

Dr. Munk, being out of the city about this time and having advised the patient to call me in case a physician was needed while he was absent, a return of the symptoms brought me into the case. Examination showed everything normal, patient well nourished and healthy, in spite of the statement of both herself and husband that she vomited each meal, which I am sure was a mistake. She was nervous, constipated and had fainting spells. I suspended all other remedies and gave cerium oxalate for vomiting, cascara for bowels and advised corrections in diet such as morning meal in bed and feeding lightly every four hours, etc. I took a sample of urine passed at the time of my first call and instructed her to save and measure twenty-four hours' urine and send another sample to my office by her husband.

Now comes the peculiar part. Urinalysis showed color dark yellow, no turbidity, Sp. Gr. 1.008, albumin negative, urea output 12 grams to the liter and an active reduction of copper in the test for sugar. This unfavorable and peculiar

urinalysis result alarmed me and I anxiously awaited the next sample, which came January 28th and showed as follows: Amount saved, 40 oz. The cascara had moved the bowels freely; patient had had four movements in the twenty-four hours and passed water each time, so I estimated the total amount of urine passed was 52 ounces, and made the analysis on that basis. Color light straw, no turbidity, Sp. Gr. 1.018, test for albumin negative, test for sugar, reduced Fehlings Sol. slowly, urea 18 grams to liter. Vomiting and nausea some better, but nervousness, oppression around the heart and fainting spells worse. I then gave amygdalus and ipecac for the nausea and vomiting, pulsatilla and bromide of sodium for the nervousness. This treatment relieved some, but not wholly.

February 1st. I had another sample of urine, which I found normal clear through, there being no reduction of either Fehling's or Hain's Sol. of copper and the urea output being 22 grams to the liter. The patient now complained of insomnia and wanted to know if she could not take one of the little tablets Dr. Munk gave her, as they always gave her a good night's rest. The doctor having returned, I 'phoned and consulted him about the case and he gave me the information which I had not had till then, that the little tablets were one-quarter grain Santonin, and we decided she could take one at bedtime as needed for sleeplessness. All symptoms now being relieved and the urine normal, we were all feeling easier, when February 5th, I received another sample of urine for analysis and, to my surprise, found an active reduction of copper again. I discussed the matter with Dr. Munk and some of our men at the college, and as the patient was doing satisfactorily in other respects and was now sleeping well, the only change made in the treatment was to suspend the nightly dose of Santonin, not doing so with any thought of the Santonin having anything to do with, or being the cause of, the positive reaction with copper, but simply because there was no further need for a remedy for the insomnia.

The following week another urinalysis gave a negative copper reaction, and now I surely was puzzled. Patient was doing well and was now considering the advisability of going home for accouchement, which was expected early in April, and wanted advice as to the safety of a trip from Los Angeles to Baltimore, Md., in her condition, she being within about six weeks of her time. As everything seemed normal and the patient had her mind set on having the child in her own home, after another negative urinalysis, consent was given and she passed out of my care.

This lengthy review of the case is given that you may see the case just as I found it, and the purpose of the article is to

discover, if possible, what caused the peculiar urinary reactions. Was it the Santonin? To determine this I have thus far made the following experiments: Solutions of Santonin, one of 5 grs. in alcohol 8 oz. and another of 1 gr. in 10 oz. distilled water (1 grain of Santonin is soluble in 5200 minims of water); both failed to reduce Fehling's or Hain's Sol. of copper. These tests were made with the view to determine if there was anything in the Santonin itself which, if eliminated unchanged, would give a reaction to copper. The urine of a child of four to whom I gave divided doses up to 2 grains each of Santonin and Calomel for worms, gave no reaction. After four one-quarter grain doses of Santonin, samples of my own urine failed to react to copper solutions; and samples of the urine of one of the students of the California Eclectic Medical College, to whom I gave six one-quarter grain doses for six consecutive nights, failed to respond to the copper test, although in the last case the specific gravity of the urine was 1.030.

Not being in general practice, I have been unable to administer it in the pregnant state since, and therefore I am not prepared to make any definite conclusions in the matter other than that undoubtedly the Santonin influenced metabolism in the case cited in some unknown manner, whereby some copper-reducing substance was eliminated in the urinary secretions; or something in the pregnant state, or some peculiarity of the patient's condition or idiosyncrasy of the patient, influenced the metabolism of the Santonin in some unknown manner, with the same results.

As we, as a school of definite medication, should severally and collectively investigate all such phenomena, I have felt justified in presenting these facts to you, that those who have had greater experience may enlighten us, or those who have better opportunities may investigate further if it seems worthy of investigation, and later give us the benefit of their findings if they are of value, or dismiss the matter if they are not.

In conclusion I would say that the urea output was lessened in each sample tested after administering the Santonin, and the Sp. Gr. lowered slightly in all, even in the student's case; for in that case a sample taken later, after the effects of the Santonin had passed, showed a Sp. Gr. of 1.038, but no sugar. The very high Sp. Gr. in this case was given by our professor of chemistry as due to an enormously excessive output of chlorides, sulphates and phosphates, though no apparent cause could be found to account for this excess.

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C. E. M. C. COMMENCEMENT.

Another college year has just closed, and congratulations should be offered to the faculty as well as the student body. Both have worked earnestly during the long grind and the product is excellent. Eight young men and women have been found fully prepared to enter the ranks of the medical profession and upon each one has been conferred the degree of Doctor of Medicine. They depart from the Alma Mater with the well wishes of their fellow students and the benedictions of the faculty.

We are quite certain that they will prove their worth among their fellow men and make the year 1913 remembered in college annals.

ANTITYPHOID VACCINES.

At various more or less opportuned times, we have advised against the use of antityphoid vaccines, not because we had a particular objection to this vaccine, but because so much has been promised in the name of the various sera and vaccines and so little delivered. So far as we are aware, antidiphtheritic

serum is the only one generally accepted and commonly used by even the "regulars." A rather poor showing for three decades of hard work, is it not?

Antityphoid vaccines have been widely advertised to the laity, and generally used in the army of the United States, as well as the armies of the various nations of the civilized world. Many very enthusiastic reports were published in regard to its efficiency a year or two ago. More recently a tone of pessimism has crept in, and soon the whole matter will be forgotten.

The following article is published because the writers are generally recognized as authorities.

POSSIBLE CONTRAINDICATIONS FOR ANTITYPHOID VACCINES.

There is increasing evidence that the injection into our bodies of dead pathogenic bacilli of any kind will cause an immunity against living bacilli of the same species. Although these facts have been known for nearly twenty-five years, no one knows as yet how long the immunity will last, but every one has hoped that it would be long enough to enable us to put the discovery to practical use in times of epidemics. In Asia, most attention has been given to the prevention of plague, cholera and bacillary dysentery by this method, while in America and Europe typhoid fever has been the object of attack. The results reported so far are exceedingly favorable, but the medical profession, remembering the sad history of tuberculin when it was given in large, fatal doses, has hesitated as to adopting the new prophylactic method. This caution was wise, for it has been reported by Spooner* that typhoid vaccine has had the effect of activating non-typhoidal disease which was latent or chronic at the time of the injection. Combe and Louis of Paris also report** that considerable care must be exercised to exclude other diseases before vaccination for typhoid is undertaken. They lay special stress on the contraindications for the use of typhoid vaccines, claiming that antityphoid vaccination ought not to be preformed except in perfectly healthy subjects. Any acute affection, even the minor infections, such as sore-throat, pains in the limbs, influenza, enteritis, stomach troubles with fever, coryza, bronchial and pulmonary affection, acute gonorrhea, primary and secondary syphilis are sufficient to exclude its use. Most chronic affections are more important as possible contraindications. Special attention should be paid to the suspected tuberculosis individual who, if inoculated with typhoid vaccine, may have a constitutional reaction with a rise of temperature, lasting for

*Journ. Amer. Med. Assoc., October 12, 1912.

**Le Monde Medical, English Edition, January, 1913.

several days. This is really the fever of tuberculosis, the injection of typhoid antigen thus producing the same effect as tuberculin. An abnormal reaction in a subject who does not present any obvious trace of this disease, in the absence of a previous attack of typhoid, according to these authors, must be suspected of latent tuberculosis. In cases with a history of past tuberculosis, though apparently cured, and in which the general health is satisfactory, antityphoid vaccination, if required, should be given cautiously—five injections instead of four in the following doses: ¼ c.cm., ½ c.cm., 1 c.cm., 1.5 c.cm., and 2 c.cm. ¼ c.m. is given to begin with in order to estimate the susceptibility of the individual. After giving this first injection the patient should be instructed to take his temperature; and, if the constitutional reaction that follows is at all marked, it is preferable to discontinue the vaccination. Combe and Louis claim that malarial subjects may undergo the treatment in the intervals between the attacks. However, it is necessary to give them fifteen grains of muriate of quinine with each injection, seven hours before the usual time for the onset of the attack. Failing this precaution, the injection of vaccine acts as would a chill, a fatigue or an injury, viz., it may awaken a malaria which is dormant and bring on the attacks. Inactive syphilitic subjects who are not debilitated bear no contraindications to this vaccination.

Cachexia from any cause, organic heart or kidney disease, diabetes, muscous colitis are held as contraindications. The vaccine is reported as producing albumin in the urine, or disease having albuminuria, but this is the same effect produced, without harm to the patient, by the injection of any alien albumin.

In females during the menses and in debilitated, exhausted, fatigued subjects, vaccination had better be postponed to a later date and proceeded with as soon as the general health is judged satisfactory.

As an immunizing agent must be safe in any and all conditions, Combe and Louis believe that it will be absolutely unsafe to adopt this procedure in civil life, for reasons already mentioned.—Ed. Interstate Med. Jour.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Dallas, Texas, June, 1913, Dr. F. L. Wilmeth, Lincoln, Nebraska, President; W. P. Best, M.D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. A. Florence Temple, M. D., San Francisco, Cal., President; H. F. Scudder, M. D., Redlands, Cal., Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913. Oran Newton, M.D., Long Beach, President; H. C. Smith, M.D., Consolidated Realty Bldg., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

SAN FRANCISCO ECLECTIC COUNTY SOCIETY.

The San Francisco Eclectic County Society met in the Pacific Bldg., Tuesday evening 8:30 p. m., May 6, 1913. The meeting was called to order by Dr. A. Florence Temple, State President, who acted as Chairman, appointing Dr. W. Hunsaker Secretary pro tem.

Regular order of business. Communications were read from members in re—the resuscitation of the Society, and expressing pleasure, yet unable to attend on that particular evening. Phone messages were received as well, expressing regret at being unable to attend, and offering congratulations.

The Chairman stated that twenty-three notices to physicians, including those in the Bay Cities, had been sent out.

Dr. W. Harvey read an article on the Friedman Tuberculosis Cure, followed by general discussion.

The Society will meet Thursday evening, 8:30 p. m., June 5th, Pacific Bldg., when the officers will be elected for the ensuing year.

Thanking Drs. Harvey, Hunsaker, Gere and Clarke for the use of their offices for the meeting.

Meeting adjourned.

Fraternally, A. FLORENCE TEMPLE.

COLLEGE NOTES.

Herbert T. Cox.

The Seniors have passed through their long list of finals more or less battle-scarred, and now feel greatly relieved. But their joy will be only momentary, as in a few days they will again settle down to good solid study preparatory to taking the State Board. This will be the main occupation of them this summer. The Underclassmen are now well through with the majority of their examinations, and are already anticipating the pleasure of being classed one notch higher next year. They will spend their summer vacations in various ways, and all be ready for a good, hard grind next September when the Thirty-fifth annual session opens.

The faculty held their meeting May 13th to discuss the candidates for graduation and their verdict was to graduate

the following eight seniors: Thomas C. Young, Augusta S. De Angelis, Franz S. Kuspiers, Henry J. C. Sprehn, Meritt M. Ring, Alphonette W. Goff, Homer R. Evans and Herbert T. Cox.

The commencement exercise will be held in Lincoln Hall, Walker Auditorium Bldg., 730 S. Grand, Thursday evening, May 22, 1913, at 7:30 p. m. The principle address of the evening will be "The Oath of Hippocrates," by Hector Alliot, Sc. D., Curator of the Southwest Museum. Prof. A. P. Baird will give the "Address on behalf of the Faculty." Prof. J. A. Munk will give the Dean's Report for the College year just passed. Prof. O. C. Welbourn will confer the degrees, and Prof. W. C. Bailey will give the Invocation and pronounce the benediction. Musical numbers will be under the direction of V. D. Tometli.

F. C. Calloway and family left May 13th for Missouri, where Mr. Calloway will spend the summer near his old home.

E. R. Petsky, M. D., one of last year's graduates, has removed to this city from Imperial, where he has been located for several months.

Prof. J. F. Barbrick has returned from Europe and he is now putting in his time in New York, but intends to be here by the opening of College.

Prof. Oran Newton is going to take a short vacation beginning May 24th. He is going to take in the State Society meeting while on his trip.

The reports from headquarters show that there is prospect for a large class of freshmen entering next fall. It would be a fine thing for everybody concerned, for the Alumni and all Eclectic physicians in the western states to look about them for suitable or prospective medical students. If you need an assistant or if there is room for two or more Eclectics in your location or nearby, by all means hunt up a student and send him to the California Eclectic Medical College, and the College will promise to return him to you in four years, well educated in all necessary branches. At least mail the names of high school graduates who will be interested in looking over catalog. All additional information will be gladly given by Dean J. A. Munk, or Secretary, Dr. H. Ford Scudder, when addressed at 337½ S. Hill St., Los Angeles, Calif.

NEWS ITEMS.

Dr. A. De Monco has removed from the Grosse Bldg., to the L. A. Investment Bldg., Los Angeles.

Dr. E. R. Bond, formerly of Phoenix, Arizona, has come to California and will locate here.

Dr. and Mrs. E. R. Petskey, formerly located at Imperial,

have gone to Scotland to visit the Doctor's parents. Dr. Petskey will also take post graduate work while abroad.

The commencement exercises of the California Eclectic Medical College was held on the evening of May 22, 1913, and was an enjoyable affair, and was well attended.

Drs. J. A. Munk, H. Ford Scudder, H. C. Smith and O. C. Welbourn attended the meeting of the State Society in San Francisco which was held during the last week in May.

Dr. and Mrs. S. A. Goyette were recent callers while in the city. They were enroute from Cincinnati, Ohio, to their future home in Northern California. Dr. Goyette was a member of this years graduating class of the Eclectic Medical College.

Married—Dr. Oran Newton, Long Beach, and Miss Pearl Ames, Chico, on Sunday, May 25. The Journal extends heartiest congratulations to Dr. Newton and his bride, who will make their home in Long Beach, where Dr. Newton and Dr. Perce are associated in practice.

The recent legislature of California passed a Medical law which is very different from the present one. There seems to be some dissatisfaction concerning the advisability of adopting it, and many applications are being sent to the Governor asking him to use his power of veto. If this legislation becomes a law, we will give a resume in our next issue covering all the principal points.

In an exchange we notice the advertisement of a Doctor wanting an assistant. "Must be able to diagnose and do 12 to 15 major operations a week, mostly laparatomies, and look after them," also management of hospital, etc. Must be experienced. All this for $3000 a year, which means the average fee for each laparatomy, diagnosis and after care would be $4.79 or less. No doubt there will be a rush of applicants for this lucrative position.

THE PHYLACOGEN TREATMENT FOR RHEUMATIC INFECTIONS.

Since the announcement, some time ago, of the large percentage of recoveries following the use of Rheumatism Phylacogen in over thirteen hundred cases of rheumatism—results reported by clinicians in various sections of the United States —interest in this new bacterial derivative has developed to a very marked degree. Physicians everywhere are dmanding information in regard to this therapeutic agent; an agent which appears to produce recoveries in at least 85 per cent of cases—and that, too, in a disease that for hundreds of years has been a stumbling-block to the medical profession.

What is the scope of the new product? In what forms of rheumatism is its use indicated? These questions are being

asked. We are glad to be able to answer them—in a general way, at least. From the literature on the subject it is learned that Rheumatism Phylacogen is applicable to acute rheumatic fever, acute articular rheumatism, acute inflammatory rheumatism Phylacogen, properly administered, affords presumptive myalgia, rheumatic neuralgia, rheumatic iritis, lumbago, sciatic—in short, to all pathological conditions due to infection by the Streptococcus Rheumaticus. From the same source are gathered these suggestive hints upon the subject of diagnosis: "True rheumatism must be differentiated from septic arthritis, tubercular arthritis, gonorrheal arthritis, gout, arthritis deformans, traumatisms, etc. The failure of Rheumatism Phylacogen, properly administered, affords presumptive evidence of an error in diagnosis." In the case of chronic rheumatic conditions stress is laid upon the fact that continuous treatment for three or four weeks may be necessary. If, however, the patient does not show continuous improvement, it is urged that the treatment be discontinued and a careful re-examination made so that the exact pathological condition may be determined.

Other phases of the Phylacogen therapy—as questions of dosage, reactions, methods of administration, etc.—might very properly be considered at this juncture. These, however, are subjects that cannot be adequately discussed within the limits of this article. They are fully treated in the Phylacogen literature, issued by Parke, Davis & Co., and procurable by any physician upon request to the home offices at Detroit, Michigan.

GLYCO-THYMOLINE.

Most all drugs have at one time or another been used in the effort to bring comfort and relief to the patient suffering from general pruritis.

It is generally conceded that lotions are perhaps the most efficacious and least "messy" way of applying medicants.

GLYCO-THYMOLINE is particularly a happy choice of the physician in his efforts to abate this most aggravating condition. The cooling, soothing and anesthetic properties of this preparation used especially in those cases due to exposure to the inclement weather or to a gouty diathesis, give almost immediate relief from the burning and itching, thus conserving the patients' comfort, while at the same time a continuance of the treatment tends to bring about an ultimate cure.

The GLYCO-THYMOLINE should be used full strength. In local cases a good way is to keep a soft cloth moistened with GLYCO-THYMOLINE applied to the parts; this is almost certain of good results.

THE THERAPY OF NEUROTIC STATES

The bromides have served no more useful purpose than in those unstable nervous states so frequently met with in women, and yet owing to this very instability their administration must be supervised with the greatest care if the patient is to be guarded from the disadvantages which accompany the use of these salts.

The fact that BROMIDIA (Battle) represents the therapeutic height of the bromides and is free from their disagreeable side-effects, has made this bromide preparation a great favorite in the treatment of female neuroses.

From it may be expected the full therapeutic effect of the bromides with the further advantage of freedom from the untoward effects of hastily prepared bromide mixtures.

Gastric intolerance is obviated by the extreme care exercised in choosing the contained drugs in BROMIDIA (Battle) and in compounding them.

THERAPY OF NERVOUS HEADACHES

The advantages of PASADYNE (Daniel), the concentrated tincture of Passiflora Incarnata, as a means of relief in headaches of a nervous type are so marked that it seems to warrant the distinction of being put in a class by itself. In this condition, PASADYNE (Daniel) not only soothes the cephalalgia but also exerts a potent force on the nervous element so noticeable in these cases. It may be given to women and children without causing unpleasant symptoms, often times a feature of other agents. A sample bottle for trial may be had by addressing the laboratory of John B. Daniel, Atlanta, Ga.

COD LIVER OIL IN DEBILITATED STATES

The response of general debility, particularly if following an acute disease process, to cod liver oil, in a large measure, depends upon the form in which the oil is given. As to the power of cod liver oil to supply the tissues with nourishment there can be no question, but as in most of the conditions indicating cod liver oil there is impaired digestive function, it is clearly obvious that unless care be shown in the choice of preparation, too great a strain will be thrown upon the gastric powers with consequent defeat of purpose. In this connection it should be remembered that while Cord. Ext. Ol. Morrhuae Comp. (Hagee) contains the nourishing elements of the cod liver oil, it is palatable in the highest degree and does not cause the distress following the use of the oil not so treated. Cord. Ext. Ol. Morrhuae Comp. (Hagee) will prove acceptable to delicate stomachs, a feature that makes it of unusual value in debilitated states.

A SUITABLE CALMING AGENT FOR NERVOUS WOMEN.

In the nervous trials of women originating in perverted menstrual function, PASADYNE (Daniel's) has been found to serve a highly useful purpose. It possesses the two-fold advantage of distinct therapeutic potency and freedom from the danger of fastening upon the patient a drug habit or other evil effects of administration. In estimating the virtues of PASADYNE (Daniel's) which is the Concentrated Tincture of Passiflora Incarnata, it is well to remember that while easily the peer of the various habit-forming remedies in therapeutic power it possesses none of their disadvantages which so frequently operate to nullify their good qualities. For these reasons in the nervous disorders of women, PASADYNE (Daniel's), finds one of its greatest fields of usefulness. Each year an appreciation of passiflora incarnata as represented by PASADYNE has become more widely spread through the profession; in the hands of many physicians it has entirely supplanted other calming agents. A sample bottle may be had by addressing the Laboratory of John B. Daniel, Atlanta, Ga.

TO CONVERT FAHRENHEIT INTO CENTIGRADE DEGREES.

Subtract 52 from the term in Fahrenheit. Divide the remainder by 0.9. Then divide the quotient by 2. The result will be the degrees in centigrade.

Examples: Reduce, respectively, 105 deg. F., 106 deg. F. and 98.6 deg. F. (normal) to centigrade degrees.

(a) 105 minus 32 equals 73—73 divided by 0.9 equals 81.1 deg.—81.1 divided by 2 equals 40.5 deg. C. (Answer.)

(b) 106 minus 32 equals 74.—74 divided by 0.9 equals 82.2.—82.2 divided by 2 equals 41.1 deg. C. (Answer.)

(c) 98.6 deg. F. minus 32 equals 66.6.—66.6 divided by 0.9 equals 74.—74 divided by 2 equals 37 deg. C. (Answer.)

TO CONVERT CENTIGRADE INTO FAHRENHEIT DEGREES.

Multiply the term in centigrade by 2, then multiply the product by 0.9 and add 32. The result will be the degrees in Fahrenheit terms.

Examples: Reduce, respectively, 39.5 deg. C., 40 deg. C. and 37 deg. C. (normal) to Fahrenheit degrees.

(a) 39.5 deg. C. multiplied by 2 equals 79.—79 multiplied by 0.9 equals 71.1.—71.1 plus 32 equals 103.1 deg. F. (Answer.)

(b) 40 deg. C. multiplied by 2 equals 80.—80 multiplied by 0.9 equals 72.—72 plus 32 equals 104 deg. F. (Answer.)

(c) 37 deg. C. multiplied by 2 equals 74.—74 multiplied by 0.9 equals 66.6.—66.6 plus 32 equals 98.6 deg. F. (Answer.)

JUDSON LIFTCHILD, M.D.
President California Eclectic Medical Society

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Original Contributions

PRESIDENT'S ADDRESS.

A. Florence Temple, M. D., San Francisco.

Ladies and Gentlemen:

Tempus Fugit—Time flies. Another year in the field of Eclectictism is drawing to a close, the fortieth in its history. A year frought with both pleasure and advancement.

We who are deeply interested in the work of Eclecticism and its results can but rejoice in its success. That our association is progressive none can deny. Has it not acknowledged the equality of woman in the work of Eclecticism, and made her by unanimous choice its president an act unprecedented in the history of any medical society, and for this more than aught else the association is to be congratulated.

Realizing to the fullest extent the honor conferred upon me, by my elevation to the highest office in the society and assuming my responsibilities with the firm determination to be true to our principles and to myself, I have sought to draw all our members into the closest bonds of fraternal feeling. If I have made mistakes they are my own, if success have crowned my efforts it is due to the love and loyalty of our members.

That much has been accomplished one needs but take a retrospective view of the years that have passed. Eclecticism today and Eclecticism forty years ago today, then, we were but a handful of "progressives" working for the good of humankind opposition to our views were met on every side, but the caliber of our immortal founder, the pioneers and their splendid work was not that of failure and today we are recognized everywhere as a factor in all things Materia Medica or progressive, a panacea for all the ills of which flesh is heir.

We shall have recorded this year the largest membership in the history of the association, this of course is due to the un-

tiring efforts of our efficient secretary, without whose assistance and hearty co-operation no administration could be wholly successful.

The legislative work done by our legislative committee has been most commendable, gratifying indeed to your president and creditable to the association. A full report of which will be presented by the secretary and chairman of the committee.

The members of the society have been most liberal in their donations toward the success of legislation, your president appreciates all efforts and enjoys with you the glory of the result. Remember that our success lies in the loyalty to our Alma Mater, our college, we must stand firm and hold fast to that which is true Eclecticism, there all the honor, all the glory lies. All hail! Our Alma Mater!

To our honored Dean, so generous in service, so unselfish in donations, so loyal in support to our college, to him we look and not in vain for inspiration that enables us to carry on the good work, the advancement of Eclecticism. May he long remain with us to be our guiding star, our source of inspiration.

To the various committees and to the individual members the president acknowledges faithful service and thanks all accordingly. Thanks to those who have so generously contributed to our program.

To the absent ones and to those who may be ill or in trouble, we send a word of greeting that they too may feel the inspiring effect of our united efforts and realize that while busy with our labors and our duties or enthused with our success, we yet have time to remember them, to miss them and to wish them good cheer.

We have lost by death our loyal Eclectic and kind friend, Dr. John Fearn, who was State President two years ago, we all knew him and lover him well.

In Memoriam

Dr. John Fearn of Oakland, Dr. B. W. Scheurer of Long Beach, Dr. C. W. Unger of Los Angeles.

"With the eye of Faith, that subtle chain that binds us to the infinite, and lights us through the dark to Diety, we see the meetings and the greetings of the parted ones."

"Then let our sorrows cease to flow,
God has recalled his own;
But let our hearts in every woe,
Still say, 'Thy will be done.'"

TURPENTINE AS A DIURETIC

J. A. Munk, M. D., Los Angeles, Cal.

Read before the Southern California Eclectic Medical Association.

During many years of practice, I have often found diuretics unreliable to produce the effect expected or desired. Why this was so I am unable to explain, but merely state a fact. Sometimes a trifle will cause active polyuria, like eating an apple or drinking a glass of beer but, again, at other times, they have no such an effect. Although the kidneys are very important eliminating glands, they seem to be more freakish in their action than any of the other excreting organs. At times they respond promptly to some diuretic, but frequently fail entirely in producing any result.

Of the many diuretics employed, I have found turpentine to be more uniformly reliable and satisfactory than any other single remedy. It does not always cause a profuse flow of urine, but establishes the function upon a normal basis and relieves irritation of the urinary tract, either vesical, prostatic or urethral. The dose is five minims two or three times a day and administered, preferably in a capsule.

It is a remedy that is especially suited to old age when urinary troubles naturally develop from certain anatomical and physiological changes, which take place in the body at that time of life. The walls of the bladder thicken and lose much of their contractile force and the prostate gland becomes more or less enlarged. The base of the bladder sags and on account of this change loses much of its expulsive force, so that the bladder is never entirely emptied. The retained or residuary urine undergoes decomposition and causes annoying irritation of the sphincter muscle. Difficult micturition is one of the penalties of old age, when the urine starts slowly and flows feebly. There is always some discomfort and sometimes much pain, but nothing can be done to prevent or alter these unfavorable changes and the evil can be mitigated only temporarily.

Many years ago I began using turpentine in combination with copaiba and cubeb in a soft gelatine capsule prepared by Parke, Davis & Co., and known to the trade as the soluble elastic capsule number twenty-five. Each capsule contains four minims each of copaiba and oil of turpentine and two minims of oil of cubebs.

This combination is better than turpentine alone and superior to either santal oil or methylene blue, which were at one time favorite remedies in such cases. From one to three capsules may be taken during the course of twenty-four hours, but one capsule is usually sufficient to give relief. One capsule a

day is often enough and sometimes it is only necessary to give a dose at intervals of several days. It should be given as needed according to the nature of the disease and severity of the attack. The capsule makes a convenient, pleasant and efficient dose that is worth while.

A RESUME OF CALIFORNIA'S MEDICAL LAW.

Dr. H. Ford Scudder, Los Angeles.

"The governor shall appoint a board of medical examiners consisting of ten members, each of whom shall have been a citizen of this state for at least five years next preceding his appointment. Each of the members shall be appointed from among persons who hold licenses under any of the medical practice acts of this state. The term of office of each member shall be four years; provided that of the first board appointed three members shall be appointed for one year, two for two years, two for three years and three for four years. No person in any manner owning any interest in any college, school or institution engaged in medical instruction shall be appointed on the board, nor shall more than one member of the board be appointed from the faculty of any one university, college, or other educational institution."

This is a radical change from the previous medical act as it entirely does away with sectarianism in medicine by not mentioning the various schools, allopathic, homeopathic, eclectic or osteopathic. We as Eclectics, lose the positive assurance of having two members of the board appointed from our school as was definitely stated in the formation of the board in the previous law. It now becomes practically a political board, the number to be appointed from each school resting entirely with the governor. This is one of the weak points of the law because while, realizing that undoubtedly our school will receive its fair apportionment under our present broad-minded governor, we may not be so fortunate in the future. It also differs from the previous law in that formerly no professor, instructor, or other person in any manner connected with or financially interested in any college or school of medicine, or surgery, or osteopathy, was eligible to appointment, while now the restriction applies to only those who own a financial interest in a medical college.

The office of the board is moved from the city and county of San Francisco to the city of Sacramento; examinations are to be held three times a year in Sacramento, San Francisco and Los Angeles.

Two forms of certificates shall be issued by said board:

1st. A certificate authorizing the holder thereof to use drugs or what are known as medicinal preparations in or upon human beings and to use any and all other methods in the treatment of diseases, injuries, deformities, or other physical or mental conditions, which certificate shall be designated "physician and surgeon certificate";

2nd. A certificate authorizing the holder thereof to treat diseases, injuries, deformities, or other physical or mental conditions without the use of drugs or what are known as medicinal preparations and without in any manner severing or penetrating any of the tissues of human beings except the severing of the umbilical cord, which certificate shall be designated "drugless practitioner certificate."

A "reciprocity certificate" shall also be issued as will be explained later.

The radical change in this law is that nowhere in the law is the requirement made that an applicant for a "physician and surgeon certificate" must present a diploma from a legally chartered Medical College, the requirement being that he shall have completed the required curriculum of the law in a legally chartered school or schools, approved by the board, not necessarily medical. Each applicant for a "physician and surgeon certificate" that has attended four courses of study, each such course to have been of not less than thirty-two weeks' duration, but not necessarily pursued continuously or consecutively, and that at least ten months shall have intervened between the beginning of any course and the beginning of the preceding course. Each applicant for a "drugless practitioner certificate" must show that he has attended two courses of study, each such course to have been of not less than thirty-two weeks' duration, but not necessarily pursued continuously or consecutively, and that at least ten months shall have intervened between the beginning of any course and the beginning of the preceding course.

Required Curriculum.

For a "Physician and Surgeon Certificate":

Group 1, 825 hours—

Anatomy	600 hours
Embryology	75 hours
Histology	150 hours

Group 2, 620 hours—

Elementary chemistry and toxicology	140 hours
Advanced chemistry	180 hours
Physiology	300 hours

Group 3, 700 hours—
Elementary bacteriology..... 60 hours
Advanced bacteriology .....100 hours
Hygiene ..... 90 hours
Pathology .....450 hours

Group 4, 240 hours—
Materia medica ..... 80 hours
Pharmacology .....105 hours
Therapeutics .... 55 hours

Group 5, 1120 hours—
Dermatology and syphilis..... 45 hours
General medicine and gen'l diagnosis.....700 hours
Genito-urinary diseases..... 45 hours
Nervous and mental diseases.....180 hours
Pediatrics .....150 hours

Group 6, 965 hours—
Laryngology, otology, rhinology..... 60 hours
Opthalmology ..... 60 hours
Surgery and surgical diagnosis.....500 hours
Orthopedic surgery ..... 45 hours
Physical therapy, including electro-therapy,
X-ray, radiotherapy, hydrotherapy.....300 hours

Group 7, 300 hours—
Gynecology .....105 hours
Obstetrics .....195 hours

Miscellaneous, 30 hours—
Ethics, jurisprudence, etc..... 30 hours

Total .....4800 hours

For a "Drugless Practitioner Certificate":

Group 1, 645 hours—
Anatomy .....510 hours
Histology .....135 hours

Group 2, 420 hours—
Elementary chemistry and toxicology.....120 hours
Physiology .....300 hours

Group 3, 375 hours—
Elementary bacteriology..... 60 hours
Hygiene ..... 45 hours
Pathology .....270 hours

Group 4, 420 hours—
Diagnosis .....420 hours

Group 5, 260 hours—
Manipulative and mechanical therapy.....260 hours

Group 6, 300 hours—
Gynecology .....105 hours
Obstetrics .....195 hours

Total .....2400 hours

In the course of study herein outlined the hours required shall be actual work in the class room, laboratory, clinic or hospital, and at least eighty (80) per cent of actual attendance shall be required; provided, that the hours herein required in any one subject need not exceed seventy-five (75) per cent of the number specified, but that the total number of hours in all the subjects of each group shall not be less than the total number specified for such group.

In addition to above requirements, all applicants for "physician and surgeon certificates" must pass an examination to be given by the board in the following subjects:

1. Anatomy and histology.
2. Physiology.
3. Bacteriology and pathology.
4. Chemistry and toxicology.
5. Obstetrics and gynecology.
6. Materia medica and therapeutics, pharmacology, including prescription writing.
7. General medicine, including clinical microscopy.
8. Surgery.
9. Hygiene and sanitation.

All applicants for "drugless practitioner certificates" must pass an examination in the following subjects:

1. Anatomy and histology.
2. Physiology.
3. General diagnosis.
4. Pathology and elementary bacteriology.
5. Obstetrics and gynecology.
6. Toxicology and elementary chemistry.
7. Hygiene and sanitation;

provided, that a person who holds a "drugless practitioner certificate," and who presents evidence of having successfully completed the additional course required for the "physician and surgeon certificate" as hereinbefore provided, shall be permitted to take his examination in subjects required for a "physician and surgeon certificate" without being re-examined in "drugless practitioner" subjects.

Preliminary Requirements.

Applicants for either form of certificate shall present a diploma from a California high school or other school in the State of California requiring and giving a full four years'

course of same grade, or other schools elsewhere, requiring and giving a full four-years' standard high school course, or its equivalent, approved by the board. In lieu of such diploma the applicant may present:

(1) a certificate from the college entrance examination board, or the college examining board of any state or territory showing that such applicant has successfully passed the examination of said board; or

(2) if such applicant be thirty years or more of age he may show to the satisfaction of the board of medical examiners proof of preliminary education equivalent in training power to the foregoing requirements. After January 1, 1919, every applicant for a "physician and surgeon certificate" shall in addition to the foregoing requirements, present to the board satisfactory evidence that before beginning the study of medicine he has completed a course which includes at least one year of work, of college grade, in each of the subjects of physics, chemistry and biology.

Provided, also, that before July 1, 1918, in lieu of the diploma or diplomas and preliminary requirements herein referred to where the applicant can show to the satisfaction of the board of medical examiners that he has taken courses herein required, in a school or schools approved by the board totaling for applicants for "physician and surgeon certificates" not less than one hundred twenty-eight weeks consisting of not less than forty-eight hundred hours, it being required that all applicants shall have received passing grades in all such courses, that the applicant or applicants shall be admitted to examination for this form of certificate.

Reciprocity.

Said board must also issue a "physician and surgeon certificate" to any applicant, without any examination, upon payment of a registration fee of $50.00 who shall produce a certificate entitling him to practice medicine and surgery which has been issued by a medical examining board of any other state or territory of the United States, since August 1, 1901. The requirements of the medical college from which such applicant may have graduated and the requirements of the board which was legally authorized to issue such certificate shall not have been at the time such certificate was issued in any degree or particular less than those which were required for the issuance of the certificate to practice medicine and surgery in the State of California at the date of the issuance of such certificate, or which may hereafter be required by law and which may be in force at the time of the issuance of any such certificate.

Any person licensed in any other state previous to August 1, 1901, may file an application for a California license and

after complying with the requirements of the board stating the institutions at which he had studied and the period of such study, and all institutions from which he has graduated, a statement of whatever certificate or certificates to practice medicine and surgery may have been issued to him, a statement of all places in which he has practiced medicine and surgery, and such other general information as to his past practice as may be required by the board.

The board shall afford him an examination on a day not more than six months subsequent to the presentation of said application. Said examination shall be oral, practical, and clinical in nature, and full consideration shall be given to the duration and character of the applicant's practice. If after such examination, it is determined by a majority vote of the said medical examiners conducting said examination, that such applicant is so qualified to practice medicine and surgery within the State of California, and that his reputation and standing in the community in which he has previously practiced is good, the said applicant shall be entitled to receive a "physician and surgeon certificate," upon payment of a fee of $50.00.

TWO CASES OF DIABETES.

H. T. Webster, Oakland, Cal.

Read before the California Eclectic Medical Society.

During forty-four years of experience, I have met with numerous cases of diabetes mellitus, but during all that time have treated but two with which I have been pleased; in fact, only one of these has really given me thorough satisfaction, though both have afforded results that have been of pleasure to me.

Out of the many cases I have met, I have usually emerged with loss of faith in syzygium, nitrate of uranium, boracic acid, chionathus, rhus aromatica and other much vaunted remedies. After unsatisfactory efforts with such agents my patients have either died or gone to some other practitioner with the result that I have lost sight of them, not doubting that they finally succumbed to the disease.

In 1895, Dr. J. W. Huckins, a graduate of our college, then practicing in Danville, about twenty-five miles from Oakland, was thrown from his buggy during a runaway accident, striking on his head and partially dislocating his neck; at least, his wife, who was in the mixup with him, and escaped without a scratch, informed me that before he could move or turn his head, she was compelled to twist his face forward toward the median line until she felt something snap into place. I was telephoned to go and visit him, the accident occurring in the evening, and

reached his place about two a. m. He was somewhat stupid from concussion, but not unconscious, and remained in bed for several days, eventually resuming practice. However, he soon afterward developed diabetes, and in two or three years was forced, from failing strength, to abandon country practice, removing to Vallejo, where he began an office business. Here he succeeded very well, and continued practice until 1905, when he stubbed his toe against a protruding spike in the sidewalk, and soon afterward developed dry gangrene in the injured foot.

During the ten years which had preceded this time the doctor had hunted over and tried our materia medica in search of a remedy or combination of remedies which might afford some relief, but the untoward symptoms went on from bad to worse. Being an enthusiastic Eclectic, with great faith in our therapeutics, he had gone through the list of antidiabetic agents thoroughly, tried them seriatim and in various combinations, without marked benefit, though he thought he derived some temporary relief from a combination of rhus aromatica, hydrastis and chionanthus, though results were not promising. Nothing sufficed to stay the steady progress of the disease. There was always plenty of sugar in the urine, and thirst, dry mouth, polyuria and pruritus persisted.

Upon the development of the gangrene he went to a sanitarium in San Francisco and submitted to amputation of the leg at its lower third. This must have been early in 1906, because the earthquake and fire found him lying helpless in bed with a raw stump; and here he was abandoned, with the fire raging in close proximity, until his brother sought him out and had him removed to the park, where he lay on the ground for several days before he found shelter. The stump finally healed, however, though it was always sensitive and tender, but he later bought an artificial leg, which he learned to use, and began locomotion with the aid of crutches, which he finally discarded. Meantime diabetes was steadily undermining his constitution, and in two years more gangrene began in the remaining foot, and he again repaired to the sanitarium and had it amputated. This time the stump refused to heal, but continued discharging large quantities of pus. He remained in the sanitarium several months, gradually growing weaker, and was finally removed in an ambulance to Oakland, and placed in Kings Daughter's Home, a place for incurables, still growing weaker, and apparently nearing his end. Intolerable pruritus, thirst and craving for food were now almost unbearable, and his rest was broken day and night on account of frequent calls to urinate. He was very much emaciated, pallid, and hardly strong enough to speak aloud, while the raw stump continued to

discharge large quantities of pus. In this desperate strait he sent for me, and expressed a desire to have the stump reamputated above the knee, vainly hoping that healing might set in in the newly exposed tissue. I called Dr. J. R. Fearn in consultation, and after due consideration we concluded that an operation would probably only hasten his death, so the idea was abandoned.

At this juncture I suggested that a trial of the Roberts-Hawley Lymph be made, and having an ounce sample of the agent on hand, its use was begun. The result was marvelous. Before the sample was gone the leg had nearly healed, and all the unpleasant symptoms of diabetes had disappeared. The only indication of it was the presence of sugar on analysis. He rested well at night, not being at all disturbed by a single call to urinate; undue craving for food and drink had disappeared; there was no longer any itching; severe dyspeptic symptoms which had plagued him greatly had subsided, and he digested his meals in comfort; natural color appeared in his face, and he began to take on flesh and regain strength. More lymph was obtained and by the end of the second month he was wearing two artificial legs, and getting about on them, aided by crutches. He soon left the Home and went to his brother's in San Francisco, where he began to treat some of his old patrons, soon discarding his crutches and using his artificial legs with only the aid of a cane. He lived between two and three years more, never after suffering from dyspepsia, polyuria, thirst, boulimia or pruritus, and gained flesh until he reached his normal weight; but he was compelled to use the lymph continually, in order to maintain this state. Near the close, however, he became subject to fainting spells attended by cardiac palpitation with difficult breathing, and he finally died in one of these, something less than three years after getting up from the last amputation.

I saw him frequently, as he came over to visit me at intervals, and he often remarked that he regretted that he had not known of the value of the lymph earlier, for he believed its use at an earlier period would have saved him. As it was, he was made comfortable and fairly happy for a considerable period.

The second case is interesting and instructive, and has afforded me great satisfaction. Last September, an elderly lady from San Francisco called on me with a protruding pile, which an old patron of mine told her could be readily cured, if she would apply to me for treatment. Without ado, I directed her to assume the proper position on the table, and proceeded to inject it. Upon getting up, she unfolded a tale of great trouble from itching in the rectum, about the privates, groins

and lower abdomen, intolerable thirst and craving appetite, and unrest at night from frequent urinating. In short, she evidently was afflicted with diabetes, and I directed her to come the following day, bringing some urine for examination. Upon inspection, I found instantaneous and remarkable reaction, indicating sugar, when two or three drops of the urine was added to a heated modicum of Haines' solution. The general appearance of the patient was bad. She was pallid and haggard, and I feared serious results from the injection of the pile. The treatment had evidently been badly planned. Telling her to wait for medicine, I went to my druggist to procure a remedy put out by an eastern house for the cure of diabetes, and which bore testimonials from well-known physicians as to its efficacy. I was in a dilemma, and very anxious to find something which might help me out. Passing through the drug store to the pharmacy in the rear, I found the proprietor in conversation with a pleasant elderly gentleman to whom I was introduced. It was Dr. M., whom I later learned was interested in the introduction of a new remedy. I asked the druggist if he had any of the aforementioned preparation in stock, and was informed in the negative. He remarked that he would obtain it for me soon, if it could be found on the Coast, but that he doubted getting it until it could be sent from New York, and that would probably consume ten days or more. I remarked that I had a bad case of diabetes on hand, and was anxious to get something reliable soon. The lymph was also too far away to be available on short notice. A fortnight at least would be consumed in getting it.

The druggist remarked that Dr. M. had a remedy which was very reliable in diabetes, and that he was about putting it on the market, and that he had a sample on hand which they would be pleased to have me try. Dr. M. informed me that several reliable physicians had used it with success in this disease. Without a great amount of confidence I accepted the offer, with the provision that the other agent was to be obtained as soon as possible, and my patient was supplied with enough to last for a week, with instructions to report as soon as it was gone. At the appointed time she returned, and surprised me with the report that all disagreeable symptoms had subsided, with the exception of some itching in the injected pile. She now slept all night without any call to urinate, and thirst and boulimia had disappeared. Weekly examinations followed, with apparent lessening of the amount of urine, though no quantitative analysis was made, and the remedy was continued. At the end of two months' treatment sugar had entirely disappeared, the patient was gaining strength and flesh, and normal color was present in her countenance. Her

old friends told her that she looked ten years younger. Meantime, the pile site had healed.

During the holidays she came over and settled her bill, bringing a sample of urine for analysis, and no sugar was present. She volunteered the information that I would hear from her immediately if she noticed any return of the old symptoms. She has not been back.

I am now using the remedy in two cases of diabetes with promising results, and though there has not been time enough to predict a cure in either case, all unpleasant symptoms except the presence of sugar have subsided. In the January number of the Eclectic Medical Journal I reported this case, and as no name accompanied the remedy I dubbed it "Terra Incognita." A name, "Natura," has now been adopted, and an office established at 291 Geary street, in San Francisco, for its distribution.

Tradition has it that the Indians discovered the property of this agent in a spring which issued from the ground, and repaired to it, to drink the water and bathe in it for various stubborn ailments. The early Spainards of the state learned of it, and resorted to it for their health. Some gold seeker later uncovered a low grade gold-bearing ledge near, which was found to be the source of the spring. The ledge bore not only gold, but silver and chloride of barium, with other ingredients rather common to the mineral springs of the state. Upon crushing this quartz, it was found that the powder possessed the virtues supplied by the spring, in greater degree than the water, and this quartz, reduced to an impalpable powder, is what we have in "Natura."

DERMATOLOGY NOTES

It is unnecessary to cut all the hair off in the case of females suffering from pediculosis capitis.

Precipitated sulphur is better than flowers of sulphur in the local treatment of acne.

Patients with rosacea should be carefully warned of the dangers of indiscretion in diet.

Butter-muslin is a most suitable material in which to spread ointments, especially in the case of children and people with sensitive skins.

A psoriasis may, if over-stimulated, get to look like an eczema, i. e., it may present the phenomena of weeping and crust-formation, the character of the latter being essentially different from that of uncomplicated psoriasis.

In cases of dusky-red, papular eruptions about the lower limbs, tubercle should be borne in mind, and a test injection of tuberculin given or a von Pirquet's reaction done.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

OUR NEW MEDICAL LAW.

California has a new medical practice act which we believe will be found to be superior to the old one in all respects. It contains all of the amendments for which we fought, including a workable reciprocity clause.

Obviously it is impossible for us to print so long a law; therefore we have asked Dr. Ford Scudder, our legislative champion, to prepare a resume of the same. His article will be found in its proper place in this issue.

OUR RECENT LEGISLATURE.

The legislature has adjourned and the various members have departed in peace or pieces, depending upon the viewpoint of the onlooker. The editor of the California State Journal of Medicine devotes nearly a page of well printed matter to lambasting the members of this Legislature, giving especial attention to Assemblyman H. A. Peairs. The immediate cause of the tirade is the fact that they saw fit to pass Senate Bill No. 813 of which the allopaths in general and the editor of their State Journal in particular, do not approve, notwithstanding

it was introduced and forced to a passage by a "stand pat regular." As a matter of record we did not approve of this bill either; but we feel assured that our legislators passed it because they believed such a course to be the right thing to do; and they should be commended accordingly. Tremendous pressure was brought to bear to induce certain members to vote in favor of certain interests, and we believe it speaks well for them individually that they were strong enough to vote as their consciences indicated. We believe this bill is intended to benefit the people and we hope it will be administered by a Board of Examiners who are in harmony with its spirit.

That the editor of the California State Journal of Medicine should oppose the enactment of a law which abolishes certain privileges which had been assumed to be perquisites of his office, was to be expected, for self preservation is conceded to be the first law of nature and therefore excusable. However, he has seen fit to prepare and publish two articles which contain a quantity and quality of venom which is simply astounding. For the information of our readers we reprint said articles herewith.

Personal Mention.

"Out of the legislative mess of the last four months or so, a few personalities protrude with more than usual distinctness. Let us take the pleasing ones first. Dr. George E. Tucker, of Riverside, was the representative of the California Public Welfare League, an organization largely made up of laymen who want good medical laws, and spent practically all of his time at Sacramento during the sessions of the late demented legislature. He worked with untiring energy to prevent destructive legislation; he was helped with the wise counsel of Mr. H. T. Morrow, our attorney in Los Angeles and a gentleman who is much interested in the Public Welfare League from the layman's side. They both did everything humanly possible to stop the trend of destructive legislation, but it was a hopeless, heartbreaking task—and a vicious bill, Senate 813, was passed. This "bifurcated" bill, with its provisions for "physician and surgeon" certificate and for "drugless practitioner" certificate is the result of one man's mad desire to have this "bifurcated" legislature pass an "ideal" medical practice act. This person, Assemblyman H. A. Peairs of Los Angeles, Chairman of the Assembly Committee on Medical and Dental Laws, with the little knowledge gained from a slight association with medical matters, attempted to do the one thing that was neither desired nor required. Against argument and reason and backed only by a smattering of knowledge gained from a little and unfinished study of medicine, some experience in teaching school, a little practice of law and God only knows what else except

an exalted ego, he produced the monstrosity which it is hoped may never become a law of this state. It is understood that this person's egotism led him to attempt radical revisions of other important laws but that his fellow members of the Assembly happily became convinced that he was a 'Jack of all trades and master of none' and refused their consent."

New State Insane Asylum.

"The legislature, which might well be called the latest experiment in state insane asylums, has adjourned with a record never equaled anywhere at any time. It is conservatively estimated that it will take California at least fifty years to get over the damage done in the last four months. The philanthropic suggestion of Mr. Johnson in his gubernatorial message to the assembled lunatics when they began their banderlog play last January, to the effect that any physician licensed to practice medicine anywhere in the United States ought to be given a license in California without further formality, had its due effect;—some thirty bills amending the medical act or creating new medical laws were introduced; they were nearly all bad; destructive. The prize freak that finally passed, in spite of protests from every school of medicine and from every element of the community, was Senate bill 813. It is a heart-breaking task to discuss it; it will be found printed in full on another page. It is seldom that a supreme court says anything is good; but the Supreme Court of California went out of its way to say that it was a wise provision of the legislature (of 1901) to make the standard of the Association of American Medical Colleges the minimum standard for medical education in this state because it is a flexible standard. This "wise provision" the legislature of 1913 has eliminated! There are some parts of this bill which may seem good to you as you read it; but do not be fooled—it is as full of holes and bugs as an infected sponge. Whether the governor will sign the bill or not, is now the all-important question."

N. B.—Governor Johnson has signed the bill!

THE HOMEOPATHIC POSITION.

Last year the annual meeting of the American Institute of Homeopathy was held in Pittsburgh, and in due time the Associate Press announced that the Homeopaths were in favor of the Owen's Bill. This statement was somewhat of a poser, as it was generally believed by their friends that they were quite on the other side of the fence—without the fold, so to speak.

Upon investigation we learned that this report was an error—in fact, some say a deliberate misrepresentation.

About this matter the Medical Century says editorially:

"It (the Institute) should resent by resolutions the trick that was played upon it at Pittsburgh last year by the emissaries of the American Medical Association, who, as was to be expected, garbled a report so that through the Associated Press the public was given to understand that the Institute had endorsed the A. M. A.'s Owen Bill, when, in fact, the committee of the A. I. H. had specifically refused to endorse such a resolution. Such perfidy and rascality should be condemned in the open and in such definite terms that none will fail to understand its import."

PLAYING TO THE GALLERY.

It has been widely circulated and heralded that Dr. Flexner has reduced the mortality of cerebro-spinal meningitis from 75 per cent to 15 per cent. It was put by Dr. W. W. Keen last December at "20 per cent or less."

It has also been widely circulated and heralded that the death rate in diphtheria is now a negligible quantity since the advent of antitoxin, that typhoid fever has now been conquered —in other words, that serums are the cause of the wonderful diminution of mortality in infectious diseases.

We believe much of this roseate coloring of the actual conditions is due to the efforts of the Medical Trust, which is striving to so install itself in the hearts of the people that it shall have complete control of all medical matters. Much of the violent opposition to Friedmann and his serum is due not so much to its untried and unproven value as to the fact that the Medical Trust was not the promulgator of the same and was probably not consulted in the premises. We are led to believe this for the reason that nothing that does not bear the mark, made by the Medicofarbenfabriken of Dearborn Avenue Company, is worth considering, especially by its Council on Pharmacy, at the helm of which is a non-practicing physician, made in Germany.

The New York Health Report on Serums and their effect, just published, has not been censored by the Medical Trust, for we find the following startling statistics:

In 1912, 373 cases of cerebro-spinal meningitis were reported, 336 of which were fatal, a death rate of more than 90 per cent., and this right in the door-yard of Dr. Flexner and the Rockefeller Foundation, in the laboratory of which the death rate is reported as 15 per cent.

In 1912, 17,038 cases of diphtheria and croup with 1,625 deaths; scarlet fever, 18,406 cases with 789 deaths. With practically the same number of cases there were twice as many deaths from diphtheria as from scarlet fever. "In diphtheria

the serum was used in practically every case." There is no serum for scarlet fever.

The United States Public Health Reports of June 12, 1912, says in respect to the Philippines: "There is at Manila almost a steady increase in the number of cases and deaths reported from diphtheria," in spite of the fact that antitoxin is always given.

The New York State Reports show also the real reason of the lowering of the typhoid mortality lies in the constantly improving sanitation and hygiene, which lowering of mortality will, however, be claimed to be due to anti-typhoid vaccine. In ten years, however, the ten years previous to the advent of typhoid vaccine, the mortality in typhoid fever had decreased from 18.6 per 100,000 to 11 per cent., this alone due to sanitation.

The Critique, of Denver, in commenting on this question, which was exposed in the Denver Republican of April 9th, aptly says: That this condition will continue as long as the American Medical Association can spread this spurious serum germ gospel free of charge under the guise of news. We have seen the methods of Dr. Wiley in Dayton quoting conditions that were proven untrue by the records and we see its continuance by the ever-industrious Medical Trust, of which he is a shining light and doubtless candidate for the Cabinet position in the department which is to spend millions upon millions of money.

We have no quarrel with serums or vaccines. They are useful when indicated, and it is only the homeopathic physician who has the necessary training to know when they are indicated.—Ed. Medical Century.

A PROPOSED MEDICAL TRUST.

History repeats itself. We rejoice patriotically over the victory so beautifully recorded by Longfellow in his poem on Paul Revere and his famous ride, "On the Eighteenth of April, '75." At that time invading foes threatened the welfare of our country and its homes. At the present time our threatening foes are not always so plainly visible, for they appear sometimes in the guise of friendly or altruistic efforts for humanity, in which lurks venomous poison that will prove destructive.

There is pending before Congress proposed legislation originally known as the Owen Bill, and later as House Bill No. 1, framed by Senator Owen, of Oklahoma, the purpose of which is to establish a Federal Bureau of Health—later, probably, to be developed into a department of health. This bill has failed of passage for the last three years; at the last session it failed on a tie vote. The Democrats are for it. This bill poses as a friend to humanity, but it is being pushed by a limited number

of medical-commercial-trust politicians whose object is to get Government control of the practice of medicine, the hospitals, the manufacture of all remedies and medical and surgical appliances, and forever after compel submission to its yoke; also to destroy all independent schools and practitioners. One result of the passing of this or a similar bill would be State Medicine, with no opportunity on the part of the citizen of this professedly free Republic to choose either his desired school of medical therapeutics or his individual physician. This may not have been the intent of those who framed this bill, but it is the way it will work out if Congress passes it. Another result would be the enforcement of rigid medical laws and high educational requirements, also professional opposition and persecution, for those who are independent in their medical beliefs and methods of practice and who deem it their first duty, as physicians and citizens, to restore, protect and increase health, even if their lack of orthodoxy is displeasing to the self-constituted "High-priests and Elders" of the profession; while for the supple and obedient, who know how to be "considerate" and who bow when the great ones speak or pass, there will be easy admission, easy money and no need of conscientious efficiency. Verily mediaeval inquisition methods combined with modern graft!

The Pilgrim Fathers settled in this country that they might have religious freedom. But religious freedom is not the only kind of freedom that is necessary. Dr. Benjamin Rush, one of the signers of the Declaration of Independence, said: "The Constitution of this Republic should make special provision for medical as well as religious freedom. To restrict the art of healing to one class of men and deny equal privilege to others will constitute the Bastile of medical science. All such laws are unAmerican and despotic. They are fragments of monarchy, and have no place in a Republic."

The Owen Bill threatens American freedom. If it, or any similar bill, becomes law it will bring one more interfering and dominating trust into our American life—a trust that no tariff changes will dissolve, and it will probably make necessary in times to come one more bitter struggle for liberty. Our humanitarian journals are spreading the alarm and educating the people to the perniciousness of this proposed legislation. It is the duty of the people in the various districts to enlighten the Representatives in Congress, of the respective districts, as to their desires and let them know that this proposed legislation is not primarily for the scientific advancement of the health of the nation, but for the purpose of ultimating into a political-medical-commercial-trust those who have already by their guerilla methods succeeded in converting the medical department of the

United States Army into a "political kitchen" in which to cook up their various schemes.

There is no time to lose. Earnest and concerted action against this proposed injustice is necessary. Every American who is a lover of liberty ought to take a firm stand against this intended medical trust, and endeavor in every legitimate way to prevent the passage of any bill that will give it legal status and authority. Monopolies come into existence and become powerful and harmful in a democracy because of indifference of the people and through lack of intelligent, determined and systematic opposition.—The Club, Medical Century.

INFANTILE PARALYSIS.

Some months ago we had the temerity to aver that the contagiousness of infantile paralysis remained unproven. And particularly did we object to the then new theory of the transmission through flies.

As usual, we were in the minority but we append the following clipping as a matter of interest to those who care to think about such things.

San Francisco Bureau of the Times, June 19.—(Special Dispatch.)—That flies do not transmit the germ of infantile paralysis is the assertion of Prof. William B. Herms, the noted parasitologist of the University of California. This is a direct refutation of the theory recently advanced by Dr. Rosenau of Harvard University and was only arrived at after months of experiment in the Berkeley laboratory. Fifteen thousand flies and thirteen monkeys were used during these experiments and the completeness of the investigation has satisfied Prof. Herms that Dr. Rosenau's assertion is erroneous.

The initial work was begun under the State Board of Health. The actual tests were made in the State Hygienic Laboratory, of which Dr. Wilbur A. Sawyer is the head. Prof. Herms was also engaged in this research.

Eighteen monkeys were purchased by the university. The flies were bred in the laboratory and immune from outside contamination. All but five of the monkeys were inoculated with infantile paralysis germs and subjected to the bites of flies. The five healthy simians were then exposed to the bites of the supposed germ-laden flies. All five monkeys are alive today.

The importance of this new light on infantile paralysis has warranted the State Board of Health in issuing a bulletin on the research. It will be circulated among the medical profession and others interested in this work.

AUTOBIOGRAPHY

Ukiah, Cal., June 23, 1913.

Dear Doctor:

Your letter requesting a photograph of your humble servant to hand and photo sent next day. I suppose that you will run it in the humorous column as a joke but be sure and label it right as it might be mistaken for Scudder and I wont stand for that.

Be sure and warn your subscribers to keep it away from the children as it has scared several into fits already. If I had time I would have another taken with a more intellectual expression. This one was taken when I was in love which is self evident by the idiotic expression on my classic features.

If you are thinking of giving a short biographical sketch you might use the following taken from the last issue of "Who's Who."

The subject of this sketch was born of honest parents (although his subsequent career would not lead one to suppose so), in Jersey City, N. J., a locality celebrated for its mosquitoes, lightning and malaria.

To the relief of the community he immigrated to California where, after several attempts to leave having been frustrated by the sheriff, he continues to reside.

Having been informed by a clairvoyant that he had been born under the same stellar influence as Capt. Kidd and Jack Sheppard and to select a vocation where kindred talents would be serviceable, he entered the California Medical College, graduating to the intense joy of the faculty and the surprise of his classmates in 1893.

He began decimating the inhabitants at Lincoln, Cal., where he remained until induced by a subscription, raised by the admiring townspeople, to remove to Oakland. Here he created about as much excitement as a pebble dropped into the Atlantic Ocean and devoted his spare time, of which he had considerable, to his Alma Mater, lecturing as Assistant Prof. of Practice in the California Medical College, thereby being the exciting cause of the earthquake which followed about a decade after.

Having considerable trouble with the Indians in Round Valley, the government conceived the brilliant idea of appointing him physician at the reservation, in that place; and in eight years the Indians, what was left of them, were entirely tamed and subdued.

He next removed his sphere of usefulness to Ukiah, receiving the appointment of County Physician, a position which he has continued to fill despite the vicissitudes of politics. During his incumbency, the expenses, except for burials, have been lower than under any preceding administration and the Under-

takers Association have recently presented him with a handsomely engraved testimonial of their appreciation of his ability.

Trusting that this will find you in health and hoping that I have not taken too great a liberty in sending you this nonsense, I remain, Yours sincerely,

JUDSON LIFTCHILD.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. Glenn, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1913. Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1913, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

SAN FRANCISCO COUNTY ECLECTIC SOCIETY.

The San Francisco County Eclectic Society met in the Pacific Building, June 5, 1913, 8 p. m.

Physicians from Oakland attended.

Regular order business. Election postponed until after summer vacation.

Interesting cases were cited by Dr. J. C. Stout of Oakland, Drs. Geo. Gere, Albert Atkins, H. W. Hunsaker of San Francisco.

Enjoyable evening was spent in general discussion. Regular meetings are to be held on the first Thursday of the month, July excepted.

Next meeting August 7, 1913. Meeting adjourned.

Fraternally, A. FLORENCE TEMPLE.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on the evening of June 3rd at the College.

In the absence of the president, Dr. Munk presided.

Minutes of the previous meeting were read and approved.

Applications for membership were read and the following were elected unanimously: Dr. E. P. Bailey, Dr. F. J. Cook, Dr. F. L. Willson, Dr. J. F. Balzer, Dr. H. J. Pyle, Dr. H. T. Cox,

Dr. H. R. Evans, Dr. F. S. Kurpiers, Dr. H. J. C. Sprehn, Dr. M. M. Ring, Dr. H. Goff, Dr. A. de Angeles, Dr. T. C. Young. The last eight being the members of the graduating class of the California Eclectic Medical College.

Dr. Munk made a report of the meeting of the State Society, Dr. Scudder presented a report of the work done by the Legislative Committee and Dr. O. C. Welbourn told of the audience granted the Committee by the Governor.

The next meeting will be held on July 1st, at which time Dr. Foss will read a paper and Dr. Roath will report a clinical case.

Adjournment.

P. M. WELBOURN, Secy.

J. A. MUNK, Pres. pro tem.

COLLEGE NOTES.

(Herbert T. Cox, M. D.)

The majority of the graduates of the class of 1913, intend to take the State Board in August. Those who are going to do so, are now very busy reviewing their subjects. Some are studying alone, some in groups and others have entered quiz courses, all, however, with one end in view which we hope they will all obtain.

Dr. S. A. Goyette, a former student of the C. E. M. C. and a graduate from the Cincinnati College this year, is here preparing to take the California State Board in August.

Dr. H. R. Evans, spent ten days at Fullerton looking after Dr. Hall's office and practice while the latter was having a vacation.

Dr. A. Goff put in ten days visiting friends at Loma Linda and Redlands. Dr. H. T. Cox was with Dr. Perce at Long Beach for ten days, relieving Dr. Oran Newton while he attended to urgent business for his father, in the northern part of the State. That must have been very important to have eclipsed the Doctor's for he came back married.

Mr. Prince, class 1916, is spending his summer vacation at San Francisco.

The clinical department has been very successful during the last term, and the material was of a class better than the ordinary run of clinical patients. Complete histories were made of 183 new patients this year, 1098 treatments or clinics were given on the same. Four hundred and fifty cases were treated which were on the register from previous years. Two hundred and sixty-three original prescriptions were filled by the clinical pharmacy and 550 refills were given out. Actual time occupied by clinics at the college for the year amounted to 468

hours. This time was divided between general clinics, and those on eye, ear, nose and throat. Surgery; gynecology; genito-urinary; and diagnosis. The above report includes only strictly college clinics held in the clinic rooms of the college. Many out-patients were treated and surgical clinics held at the various hospitals. The Seniors financed the supplies, and a small fee collected for medicine whenever patient could afford it, kept the pharmacy well stocked. It now contains a much more complete stock than at any previous time. Among its various drugs are more than 100 specifics.

The outlook for clinical material for the coming year is very encouraging and with that end in view, many alterations will be made and the floor space devoted to clinics enlarged, also installing of special dark rooms for eye, ear, nose and throat work. The classes being small, each student has ample opportunity to examine each case to his entire satisfaction.

HOSPITAL INTERNES.

The following members of the recent graduating class of the Eclectic Medical College, Cincinnati, have received appointments by competitive examination, as resident internes for one year: William B. Quinn, Newport, Ky., to the Metropolitan Hospital, New York City; Lowry C. M. Conley, Eaton, Ohio, to the Grace Hospital, Detroit, Mich.; D. Wilson Humphreys of Osasso, Okla., to the Springfield, Ohio, City Hospital; Otto W. Schwarz, Cincinnati, to the Seton Hospital, Cincinnati; Herman E. Vogel, Cincinnati, to the Bethesda Hospital, Cincinnati.

The sixty-ninth annual session begins September 11, 1913, and continues eight months. College bulletins on request.

NEWS ITEMS.

Dr. Q. A. R. Holton, Whittier, has been on the sick list as a result of over-work.

Dr. E. R. Petsky may be addressed General Delivery, Edinburg, Scotland.

Dr. J. A. Munk attended the meeting of the National Eclectic Medical Society which was held in Dallas, Texas, during June.

Dr. Florence V. Cheney, Turlock; Dr. E. D. McKenney, Union, Oregon; Dr. Lewis Lee, Standish; Dr. W. B. Church, Gary, Indiana; Dr. C. H. Rigg, Middletown, Mo.; Dr. R. M. Sinclair, Dunsmuir, and Dr. J. G. Tomkins, East Oakland, have renewed their Journal subscriptions for the present year.

Dr. A. S. Tuchler, San Francisco; Dr. A. J. Atkins, San

Francisco and Dr. Carl Murray, Sacramento, have renewed their Journal for two years.

Dr. F. J. Petersen, Covelo, Mendocina Co., has a good operating chair and a number of books which he would like to exchange for a portable X-Ray outfit.

Mrs. John Fearn, Oakland, widow of the late Dr. John Fearn, was a recent visitor in the city.

The Westlake Hospital new building is making fast progress. It will be strictly fire proof, being built of concrete reinforced with steel.

Owing to increased facilities the number of students in the Westlake Hospital Training School will be increased the first of September. If any physician knows of any young woman desiring to study nursing, the hospital authorities will be pleased to receive applications. The recent legislature has placed nurses in training schools under the eight hour law for women.

Dr. H. L. Hildreth, formerly of Minnesota, passed the last California Medical Board and is now located at 205 S. Avenue 63, Los Angeles.

Dr. Judson Liftchild, Ukiah, our new president of the State Society, has been so kind as to write his own biography, thus saving "brain-fag" in our editor. We thank the Doctor for his kindness.

Wanted—A physician in the central part of the state wishes a substitute to take his practice during July and August. The doctor guarantees $100 net per month and will give 35 per cent of the balance.

NEW TREATMENT FOR GONORRHEAL INFECTIONS

Physicians who have had any considerable experience in the treatment of gonorrhea and its complications know how stubborn many of these cases are; how, not infrequently, they resist ordinary routine methods for weeks and months. The average general practitioner encounters these cases with unpleasant forebodings. He realizes that treatment of them is more or less empirical. He experiences a sense of relief when he can bid "good-bye" to one of them—when he can discharge it as "cured."

For the reasons enumerated any new therapeutic agent which promises a fair percentage of recoveries in gonorrhea and its sequelae is certain to be accorded a warm reception by the medical profession.

Is Gonorrhea Phylacogen such an agent? There is a basis for the belief that it is. Here are some figures that seem to lend assurance: "660 cases treated; 530 recoveries; 121 failures." These figures pertain to carefully recorded cases, under observation in various sections of the United States and em-

bracing both hospital and private practice. They include such complications as gonorrheal arthritis, chronic urethritis, vaginitis, epididymitis, orchitis, prostatitis, vesiculitis, ophthalnitis, iritis, endometritis and salpingitis. These cases were reported to Messrs. Parke, Davis & Co., producers of the Schafer Phylacogens. The results point clearly to this conclusion: Gonorrhea Phylacogen is worthy of careful, serious consideration.

THE HYPERSUSCEPTIBILITY OF CHILDREN TO OPIUM

The hypersusceptibility of children to opium is one of the most potent reasons for employing a substitute in its place in the treatment of diseases of children. It has been found that PAPINE (Battle) is well borne by children to whom opium or morphine was intolerable, but when it is remembered that in the manufacture of PAPINE through a special process, the narcotic and convulsive elements of opium have been eliminated, the reason for this point of PAPINE'S superiority over opium, will be well understood.

PAPINE (Battle), as is well known, is a product of opium subjected to a process which while retaining the analgesic and sedative properties of the drug, separates from it its objectionable qualities, leaving the finished product of more than ordinary worth as an opiate for use in children.

COD LIVER OIL IN HOT WEATHER

Unfortunately, the disagreeable features of cod liver oil are accentuated in hot weather, a point which must be remembered when prescribing a cod liver oil product. Owing to its palatability, and ease of assimilation, this draw-back to the ordinary cod liver oil does not apply to Cord. Ext. Ol. Morrhuae Comp. (Hagee), an advantage that has had a marked influence in establishing the Cordial high in professional favor.

SOPORIFIC POWER WITHOUT EVIL EFFECT

Inasmuch as all too many excellent soporific agents unfortunately produce evil effects in connection with their tranquilizing influence, the exceptional value of one which is free from bad qualities will be readily appreciated by all practitioners. It is this appreciation of therapeutic merit which has brought PASADYNE (Daniel) into such wide use in relief of sleeplessness, nervous irritability, and even pain. As is well known PASADYNE is the Concentrated Tincture of Passiflora Incarnata, the advantages of which have been known by a large part of the profession for many years. By employing PASADYNE (Daniel) one may secure full soporific power without distressing after-effects.

Samples supplied the medical profession if request is mailed to the Laboratory of John B. Daniel, Atlanta, Ga.

The California Eclectic Medical Journal

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Original Contributions

ANESTHESIA

A Resume of Fifteen Years' Administration of Anesthetics

A. S. Tuchler, M. D., San Francisco, Cal.

(Read before the California Eclectic Medical Society.)

In the administration of anesthetics covering the above period of years I have come to the conclusion that Chloroform is the safest, the best anesthetic and the easiest to administer.

In order to obtain this result, first gain the confidence of the patient after a careful examination and an assurance that all will be well if he will breath naturally and do as directed, you have greatly overcome the dread and nervousness preceding an operation. An H. M. C. No. 1 tablet (Abbott Alkaloidal Co.) is given hypodermically one hour before the operation and another No. 2 H. M. C. tablet is administered while on the operating table and previous to the operation. I have noticed that those of the blonde type may not need the second hypodermic and in fact, the No. 2 tablet may be sufficient in the first place in those individuals if they be light in weight or debilitated subjects.

If the patient is anemic or weak, 1/30 grain of Strychnine sulphate should be combined with the above tablet. This will prevent shock or collapse after the operation is completed, especially should this be prolonged.

Previous to the administration of Chloroform, a few drops of the oil of Orange is dropped on the Esmarch mask, which is previously covered with about four layers of gauze and held about an inch from the face. Abrams found "that this oil administered before ether anesthesia, will prevent or lessen subsequent nausea and also will require less of the anesthetic." It will also overcome the terror most people have of chloroform and will assist in bringing the patient quicker under its influence.

Chloroform should be dropped on the mask at the rate of about sixty to seventy drops in a minute. The patient is told to breath naturally and go to sleep and this suggestion should be repeated several times. Have the patient breath through

both nose and mouth at first. It will be noticed that when the stage of complete anesthesia has been reached, mouth breathing as a rule prevails. Do not crowd the anesthetic; it must be administered carefully and slowly. Do not watch the operator, but give the patient your whole attention. After a few minutes, when the patient comes under its influence, the mask can be lowered, but never placed on the face. There will be little or no exciting stage. Owing to the H. M. C. tablet previously administered, the pupil will not be influenced by the anesthetic and its contraction will not take place, as is the case when the above tablet is not given.

Complete anesthesia will be manifested by the loss of muscular contraction, snoring respiration and the abolition of the ciliary reflex. You can assure yourself that the patient is under complete surgical anesthesia when this reflex is abolished, by gently raising the upper lid and touching the lashes. Do not touch the eye-ball. Suspend the administration of the anesthetic until the breathing becomes natural again, when a few drops only will be required occasionally to keep the patient asleep, and in many cases the suggestion to go to sleep will be sufficient.

One-half to four drams of chloroform will usually suffice for an operation lasting from one to three hours or more.

The pulse must be closely watched, not necessary to count it. Should it become small or wiry or show tenseness, then Strychnine sulphate, 1/30 gr. hypodermically can be given. This can be repeated during the operation if it is prolonged. In a case where a large fibroid tumor was removed, I found it necessary to give 3/30 grains of Strychnine during the operation, besides Oxygen and the change to Ether. Do not be afraid to give Strychnine when it is indicated during the operation. It will help to prevent shock and collapse.

When an operation is prolonged, it may be necessary to change to Ether. This should be dropped on the same mask about three times as fast as Chloroform, holding the mask one-half an inch from the face so as to give the patient plenty of air. It seems brutal to me when I see a helpless patient has his wind shut off by the ordinary ether cone clapped over the face and ether poured over until the patient becomes blue or cyanotic. This brutality is a dangerous procedure and entirely unnecessary. Many a case has been lost through it, post-operatively, from shock due to lack of aeration and subsequent congestion of the lungs. The common expression that "the operation was a success, but the patient died" can usually be traced to careless or improper anesthesia.

Chloroform or Ether is perfectly safe when administered correctly and carefully; usually, to the inexperience or care-

lessness of the anesthetizer can be attributed any unfavorable or fatal results—shock and collapse due to too much of the anesthetic.

There can be no set rule laid down, however, to govern every case. The successful administration of an anesthetic requires the very best judgment. Timidity or bad judgment on the part of the anesthetizer is most likely to result in an imperfect or too profound narcosis, death on the table or post-operatively. When Morton, the discoverer of Ether anesthesia, administered that drug to a patient, he did not watch the operation, but gave his whole attention to the patient, therefore his success with its administration.

During a prolonged operation, should the pulse become weak or wiry, or the patient unusually pale or cyanotic, then stimulants such as Strychnine, Nitroglycerine, Spartine or Brandy, hypodermically, or normal salt solution are indicated. It is my custom to have two rubber bags filled with warm water and placed on each side of the chest and kept warm during the entire operation, or having the operating warm, about 70° Fahrenheit; also having any exposed portion of the patient covered with blankets, as far as possible so as to prevent the surface from being chilled. Thus the patient is kept warm while on the operating table and this will help to insure a successful termination to the operation.

I cannot too strongly impress upon you the necessity of seeing to it that the patient has an extra covering of a heavy woolen blanket before he is removed from the operating room, since the halls are usually cold and drafty. I have seen many a successful operation end disastrously to the patient by way of the pneumonia route, due to a lack of just this precaution.

By carefully observing the foregoing, the anesthetizer need have no fear of having any calamity befall the patient. There will be no anesthetic nor surgical shock, nor will there be any story to tell that the patient took the anesthetic badly, nor will there be any sequelae such as pneumonia, etc. The patient will awaken from his sleep an hour or two after the operation, usually without vomiting, and ask: "Why isn't the operation begun?"

This experience is the result of about fifteen years of almost daily administration of Chloroform or Ether without any serious accident or fatality. Complete anesthesia was obtained in from three to five minutes. The duration of the anesthesia was from one-half to four and one-half hours. The patients ranging from early infancy to extreme old age, and some complicated with hypertrophy or valvular disease of the heart. The operations comprising minor and the most complicated abdominal and other major ones.

From the foregoing, the following conclusions are arrived at:

1. Chloroform or Ether are perfectly safe as general anesthetics.

2. Drop either anesthetic on the mask, giving the patient plenty of air.

3. Have the patient breath through both nose and mouth; the latter prevails when the full anesthetic stage is reached.

4. Keep the patient warm while on the operating table; cover up with an extra blanket before removal from the operating room.

5. Do not place the finger on the Eye-ball in order to determine the extent of the anesthesia; gently touching the eyelashes of the upper lid will determine any reflex movement and make known the extent of the narcosis.

6. Keep strict guard of the patient entrusted to your care and do not watch the operation.

7. Observe the danger signal—when the breathing commences to become stertorous or snoring, suspend the administration of the anesthetic and remove the mask from the face.

APOCYNUM.

J. T. Farrar, M. D., Berkeley, California.

(Read before the California Eclectic Medical Society.)

This remedy is so seldom indicated that it rarely if ever is given room in the physician's case. But when it is indicated there is nothing that can take its place. So far as I can learn it is used by Eclectics and Homeopaths exclusively. I have seen no record of it in Old School literature. There is but little in our own. Many failures have been noted in its use, first by the wrong selection, and second by making the dose too large. In large doses it produces nausea, vomiting, diarrhoea, perspiration and diuresis. This is usually followed by disgust on the part of the patient and failure on the part of the physician.

Diagnose your case properly, give in small doses and nothing is more certain in its action. The cases calling for this agent are usually the aged, debilitated, and those conditions which permit exundation from the blood vessels.

A typical case would be watery fulness of tissues, puffiness of the eyelids, swelling of the feet and legs, glistening of the skin, the parts pitting upon pressure. These conditions if brought about by cardiac debility will certainly be met by Apocynum.

The dose to begin with should be about one drop of Lloyd's specific Apocynum every two hours. If the stomach be irritable

this should be reduced. Some cases might do well if alternated with Digitalis or Strophanthus. But the latter drug must also be given in very small doses to prevent disturbing the stomach. It is well in all cases to avoid any unpleasantness by disturbing the patient's digestion or anything which would make him uncomfortable. Many cases might be cited but let one suffice for all. Captain G. of the beautiful Steamer "State of California," plying between here and Portland, Oregon, became afflicted with Mitral Insufficiency. He was compelled to quit his ship, retire to his home on a hill and content himself with his glasses to view the vessels coming and going out of the harbor. His medical adviser prescribed for him and advised absolute rest. The edema of the limbs became more marked each day until he could no longer put on a shoe. At this juncture the attending physician was discarded and I was called to take charge of the case. I immediately placed him on Apocynum and instead of "Absolute rest" as had been prescribed I advised him to climb the hill by his house going as far each day as he could, each day going a little farther. I find in all cardiac lesions from whatever cause hill-climbing is one of the very best adjuncts to the indicated remedy.

In a short time there was marked improvement. Day after day as he continued to climb the hill and take his Apocynum the edematous condition entirely disappeared, his heart grew stronger and I had the pleasure of seeing him once more go back and take command of his beloved steamer.

SUMMER DIET—A LUXURY OR A NECESSITY?

By Dr. Axil Emil Gibson, Beaumont, Cal.

The object in distinguishing summer diet from winter diet lies in the principle of equalizing the difference in external temperature due to the respective seasons, and the subsequent difference in the digestive and nutritional reactions. The foodstuffs that should be DIMINISHED during the hot season, are the heavy proteids, such as meats, beans, peas, and bread—while the foodstuffs that should be entirely PROHIBITED are the fats, greases, and isolated starches. Again the foodstuffs that should be used as controlling substitutes, are the fruits, the vegetables and nuts with their legitimate constituents of acids, starches and proteids.

SUMMER DIET IS RATIONAL ONLY WHEN IT COMBINES MAXIMUM OF ENERGY WITH MINIMUM OF HEAT.

Nutritional activity depends for its success on chemical, mechanical and thermal stimuli—external or internal. During the winter the cold temperature is an external stimulus

that whips the nutritional processes into a corresponding flush of cellular reactions, furnishing a physiological draught that is adequate to reduce even the heaviest food material into states of combustion, assimilation, nutrition and elimination. Fats, heavy proteids, isolated starches yield to the rigor of the wintry stimuli and are safely metabolized. The physiological fires in the human engine burn lustily and send a health-radiating afterglow on the red cheeks and beaming eyes of the responsive organism.

In the summer time with the temperature raised to 100 degrees or more Fahrenheit, such a diet would be disastrous. It has been tried by the British immigrant in South Africa—and found wanting. Every fourth generation, in consequence of the ravages of pork, ham, cheese and plum pudding, have to be replenished from the cold, foggy islands of the old home in the temperate zone. For the tropics, with its absence of external stimuli, we need food that yields a maximum of internal energy with a minimum of digestive labor. And such a food is not derived from the animal kingdom, but from the kingdom of fruits and vegetables.

The temperate zone is unique and specific. It places the diet question on the sliding scale of perpetual adjustment, changing from the HEAT foods of the arctics to the ENERGY foods of the tropics. This universal position between antipodal needs, gives to the inhabitants of the temperate zone his elasticity of adjustment, acuteness of judgment and vigor of enterprise. The temperate zone holds the trigger balance to the mental and physical reactions of the world.

The Special Value of the Summer Diet Lies in Its Stimulation of the Nerve Power.

Only by adjusting his diet to the needs of the season, however, can the man of the temperate zone succeed in keeping up his standard of efficiency. He must, in the first place, KNOW what to eat, and in the second place, have the WILL POWER to make good his knowledge.

The foodstuffs which shall carry us triumphantly through the hot season are those containing the energy producing elements. We need energy above anything else; energy to substitute the external stimulus, which is lacking in the oppressive summer heat. Acids and sweets! A glass of lemonade is far more stimulating in the summer heat than a dish of meat-soup. The acid of the lemon breaks down unused deposits of proteids retained in the system from over-eating, which by being thus precipitated into the circulation become oxygenated and turned into a combustive center of energy. The impulse as it is diffused in the system, becomes a nutritional stimulus, and finds a ready response in an increase of functional labors.

The same principle holds good with sweets. Sugar is a swift combustible and generates energy in terms of "advanced ignition." By its ready oxygenation it flushes the system with almost instantaneous energy, and owing to its freedom from proteid—is almost without any physiological ash. And furthermore as both acid and sugar have their home and basis in the fruit, it follows that the summer diet must look to FRUIT, PAR PREFERENCE, as a redeeming feature in its bill of fare.

But fruit, to sustain the vital processes of existence, needs a concrete basis in the tissue salts and carbon contained in the vegetable. And especially if the individual is a heavy meat eater, with every cell soaked in beef juice—a small piece of lean meat now and then, may be necessary in order to prevent nutritional shock, due to the sudden abstinence. Yeast spores in the intestinal and gastric passages, due to EXCESS of sugar —are neutralized by the sodium salts contained in the animal meat. Yet once or twice a week ought to set the limit for meat consumption.

Spices and Ice Cream.

The use of spices during the summer months is tolerated on the basis of acting as a nerve stimulant to digestion and nutrition. The very home of the spices—the tropics—indicate the relation that exists between high temperature and the need of spices. Of course here is meant native spices—the chili, conpinis, red and green natural peppers, sage, thyme, mustard, etc., unmodified and unadulterated by manufacture and commerce.

But if spices, sweets and acids, are admitted to braces and stimulants to the digestive and assimilative nerve power of the system, so as to enable the latter to keep up, over and against the debilitating influence of an oppressive temperature—the same plea cannot be extended in favor of ice cream, soda mixtures and iced drinks. The immediate cooling effects of iced beverages on the system is misleading. The feeling of refreshment arising from its indulgence is due to the physiological shock, which the sudden cold imparts to the system, and like an anesthetic, dulls the nerves engaged in adjusting the cellular reaction of the system to the stress of the external heat. But the failure to record a pathological process does not by any means neutralize its effect upon the system; and while the frozen nerves may leave the indulging individual in blissful ignorance, temporarily to enjoy the immediate tranquillity of the situation—the actual state of affairs so far from being relieved has become aggravated. The after effect is always weakening, followed by low vitality, and even total collapse. In any cases, save that of clinical exigency, fevers, internal inflammation, etc., or in subjects of powerful vitality and bal-

anced nerve action, the indulgence of iced beverages, especially as desert after a heavy meal, is not to be recommended either as summer or winter refreshment.

The sensation created upon the system is false, due to a lowering in place of heightening of the nerve power. A glass of lemonade two hours after a meal, is of far more benefit to an over heated system, than a glass of ice water, though the immediate effect may give the sensation of advantage to the latter. And furthermore, the very fact that ice has neither place nor possibility in natures hot-season's output, while on the contrary is shunned by every instinct-governed creature—ought in itself to constitute a PRIMA FACIE evidence of the physiological blunder in a promiscuous employment of ice as an element in our summer diet.

LOBELIA.

Ovid S. Laws, M. D., Los Angeles.

That lobelia is an antidote for all poisons, as claimed by Samuel Thompson, seems to be almost a proven fact. It deserves the name of **The Vegetable Antitoxin.**

I do not need to tell Eclectics about its many uses in many ways, for that has already been abundantly told, and I have verified its great value when hypodermically used. But at present I wish to tell of its external use.

For the last year or two I have been keeping a bottle of Fl. Ext. lobelia, dist. hamamelis and glycerine, equal parts, for itching of any part, and it gave relief so promptly that I tried it on a bad case of erysipelas that came under my care. It arrested the spread and all local symptoms at once, applied on flakes of cotton, and kept wet all the time. The effect was far ahead of anything I had ever used in such cases.

In January, 1912, a man was brought into my office who had been vaccinated in some shop or factory where all hands were required to submit or quit. He was barely able to walk. His left arm was greatly swollen, painful, and red to the shoulder, and a red stripe down his left side. The main sore was a dark purple, and painful. The bad condition had developed rapidly, and death seemed close at hand. Here was a case of certain and speedy death if left alone. A case to test the **remedial** power of drugs, which is denied by many drugless healers, and some that prescribe drugs as a pretense of doing something.

The lobelia mixture was applied in cotton spread along over the painful part, and fastened on, with instructions to keep it wet day and night till well. He and his attendant remained in the office quite a while, and he noticed a soothing ef-

fect as soon as the application was made. As soon as I could, I gave him, to take internally, a mixture of anemopsis and tincthymol, so that each dose would contain 8 drops of each tincture. This was to be taken hourly for several hours, for the blood and extreme prostration. The drooping, despairing man revived some before leaving the office, and the next day returned, and on entering exclaimed "You saved my life."

I use the fluid extract of lobelia instead of the tincture for local application, because it contains less alcohol.

This is a good mixture for any doctor to have in his office for local uses.

TRAVEL AND CONVENTION NOTES.

J. A. Munk, M. D., Los Angeles.

All spring California weather was cloudy and cold, so that on starting for the National it seemed good to leave the cool, damp climate of the Coast and get into the hot, dry air of the desert. It is only by a personal experience that the benefit of such a change can be fully realized; and, again, teaches the necessity of making an occasional change, if for no better reason than just to break the monotony of sameness.

The difference between an arid and humid climate is very marked. In the arid regions of the west, where siccity prevails and evaporation is active, the body keeps cool even if the shade temperature is high. But in the humid atmosphere of the eastern rain belt, where the wet and dry bulb thermometers register almost the same degree, perspiration is active and evaporation scant, so that the body becomes bathed in perspiration and even a moderately high temperature is uncomfortable and oppressive.

The long desert ride by rail across four states from Los Angeles to Dallas, which requires three days and two nights of continuous travel is usually dreaded by the average traveler, but to me it is a wonderfully fascinating picture of the greatness and grandeur of nature. The sparkling air and clear sky, broad plains of brown sand and gray-green vegetation, majestic mountains wrapped in robes of purple haze and an ever changing and receding sky line, all combine to form an attractive landscape and vast open breathing spaces of pure air for the benefit and pleasure of man. The effects of siccity, also, shows that our planet is slowly changing, from a humid to an arid state, which will eventually result in a dead world.

On reaching Dallas, I found that the summer rainy season had already commenced with daily showers. The temperature was also somewhat torrid, although I was told that the hot weather had not yet begun. The combined heat and humidity

caused some discomfort, but was not then as bad as it would be later in the season.

The Texas State meeting convened on the eighteenth and opened with forty-eight members present, which number increased to nearly one hundred during the day. Texas has many Eclectic physicians, and all will be benefited by the Dallas meeting. A few National members were present at this meeting, but most of the delegates arrived during the night and on the following morning; and when the gavel sounded the opening of the meeting the room was pretty well filled. Owing to the great distance, there was but a meager representation from both the Pacific and Atlantic Coasts, but the middle west turned out in numbers. However, the attendance was below the average, but the interest and enthusiasm were unusually good. There were only a few old men present but the dependable ones, like Professor Lloyd and Doctors Ellingwood and Scudder, were at their post as usual. Dr. Boskowitz, who has for many years past been a regular attendant, was absent on a trip abroad and was much missed.

The Section on Public Health consumed an entire evening, during which time the subject of eugenics was discussed. With a full house and when the interest was at white heat, a motion was made to adjourn, but was ruled out of order. That anyone should attempt to break up such a meeting, when it is so hard to start an interest that will stick, is almost beyond belief, but the section did not stop until its work was finished.

A resolution was offered by Dr. Mundy and unanimously adopted, commending the good work done by the National Public Health Service, but opposed creating a new National Bureau or Department of Health as provided for in the Owens bill, which has been thrice defeated, but has been again introduced into Congress as Senate Bill No. 1.

The old noise nuisance was again present in full force to afflict the audience. The meeting was held in the banquet room on the second floor of the hotel, where the loud clatter of the street noises was heard through the open windows, mingled with the constant buzzing of several electric fans. It seems strange that the committee of arrangements does not know anything about noise, or else entirely ignores it. The meeting was robbed of fully half of its pleasure and profit by the intolerable noise nuisance.

Dr. H. Michener of Wichita, Kansas, read a paper on his experience in orificial surgery that was the laughing event of the convention. It certainly was funny and provoked frequent bursts of laughter and applause.

Because of an unfortunate and inexcusable misunderstanding of the program, Dr. Finley Ellingwood of Chicago was de-

nied giving his address on "Eclectic Medicine," which was a great disappointment.

Drs. Best and Mundy, the two secretaries. and Dr. Sharp, treasurer, were commended for the good work done in their several offices and were unanimously re-elected. Dr. W. S. Glenn of Pennsylvania is the new president and Indianapolis the next place of meeting.

It seems to be the general understanding that the National will meet in San Francisco in 1915 during the Panama Pacific Exposition. The subject was frequently mentioned and I heard many express their intention to be present.

THE MEDICAL EDUCATIONAL PLANE

The Medical Colleges are opened and a new grist of M. Ds. has gone on to learn to fight the dangers of other people. While much has been said regarding the necessity for high standards of medical education, it is well to pause for a moment in appreciation of the advances that have been made. Medicine today represents, next to theology, the most educated profession. The standards of medical education are far higher than those of the legal profession. This is quite as it should be because, after all, lawyers have to deal with property while medicine deals with life itself.

The average of schooling in this country is not as high as people may think. According to the United States Commissioner of Education, of 25,000,000 children of school age (between 5 and 18 years), there are less than 20,000,000 in school. The average amount of schooling secured by each child in the school population is approximately 5 years, 10 months. It is probable that less than one-half of the children of this country finish more than the first six grades of school, while only one-quarter ever enter a high school. Fewer than eight children in a hundred complete four years of high school work, while possibly five in a hundred secure education above the high school standard. Considering, therefore, the standard of education of the community it may be said that the physicians are recruited from the eight in a hundred, while the tendency is to raise the standards of entrance so that but five in a hundred belong to the eligible class. The standard is still low, but while constructively appreciating the necessity for raising the standards of medical education, let us not fail to appreciate how much has been accomplished since the days of apprenticeship or two years of medical training, when the question of education was entirely subordinated. And the bulk of the work for raising the educational standards for the medical profession has been done within the profession, by the profession and for the profession.—Dietetic and Hygienic Gazette.

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OUR COLLEGE

With the enactment of the new medical practice act, the C. E. M. C. has gathered unto itself a new lease of life. Indifference and lethargy have been replaced by attention and energy and things move on apace. New equipment of the latest accepted design has been ordered to replace that which had become slightly passe; and many instruments which but recently have been considered needful have been added thereto. Additional laboratory and lecture space has been acquired to accommodate the expected increased attendance; and provision has been made for their instruction by the addition of some very strong men to the faculty.

The credit for much of the above should be given to the new members of the board of trustees. They are each and all graduates of the C. E. M. C. and their names are H. C. Smith, Clinton Roath, T. C. Young and Herbert T. Cox.

YOUR SUCCESSOR

From time to time we receive a letter from a staunch Eclectic who is a power in his community, in which is expressed the desire to retire to the ease and calm of a ranch life, there to enjoy the reflections of a varied and strenuous experience.

The object of the letter is to request that a young, capable man be sent to fill his shoes. His footprints have shown the way in that community for many long hard years and many people have learned to depend upon them. He has nothing to sell—just a yearning for a worthy successor.

Truly a worthy object, but one which at present cannot be filled. It is necessary for him to do as others have done—to make his plans four or five years ahead. For it takes this length of time to convert a high school graduate into a doctor of medicine. Are you growing old and weary? If so, think of your successor now. Look about you among your young friends; select and begin the training of one who in later years will be a credit to you. You owe this much to yourself and to your patients.

COMPULSORY INTERNESHIP

W. N. Mundy, M. D., Forest, Ohio.

"A compulsory hospital year for medical graduates before examination for licensure, now required by Pennsylvania and New York, is sure to be the ultimate rule throughout the United States. Then the public will rest assured that its doctors are practical. Of course, a howl of dissatisfaction is heard from the commercial brand of medical schools and their journalistic mouthpieces, but these will count as little in this great advance as old Canute's defiance of the waves."

The above clipping from the Medical World, for March, is misleading and anticipates facts which are non-existant. In both states mentioned it is only proposed, not a fact. In Pennsylvania the law has been introduced, but not passed. In New York the board of regents is considering the matter, but have not made it obligatory. Hence, our friend is anticipating somewhat. It is not certain that any howl will come up from commercial schools either, nor do all men think that an interneship makes a practical doctor. We have seen men who have had the most scientific training to be had in America, trained in an A+ college, finished with a year's interneship in a leading eastern hospital, make most egregious errors in diagnosis. No amount of school training can compensate for natural ability or common sense, neither can it supply the latter.

The Journal of the New York State Society and the New York Medical Journal are neither in favor of the additional year, so the journalistic mouthpieces of the commercial colleges are traveling in good company. There is entirely too much legislation, and much of it is pernicious and dangerous. Many of the health laws are dangerous by reason of the placing of too much power in the hands of too theoretical and impractical men

or else ignorant demagogues. It is a fact, apparent to anyone desirous of being informed, that our health officers, examiners, etc., receive their appointment, not by reason of ability, but to repay some political debt or because they have a "pull" with those in authority. Righteousness, justice, nor equity, are not aimed at in legislation, but much of it is in favor of the powerful or wealthy. This does not only apply to general legislation, but to medical legislation. Rulings by boards, proposed as well as past legislation is all in favor of the wealthy and plutocrat. Ability, merit or training count for naught, it is simply political "pull." The old red schoolhouse, academy or small college, where the youth worked; where they were filled with a desire to accomplish something; where they were filled with emulation, must be displaced with piles of brick, stone, mortar and dollars; where, instead of study, the college spirit is instilled; where, instead of work, there are class parties, gatherings and all the frills that go to make up the university life. Time can never constitute the essential element in making a physician. All teachers recognize the fact that pupils differ in their aptitude for study. The endeavor to grind all students through the same bore is a pedagogical error. More latitude is needed in our medical course. As it is now constituted it makes mere automatons of the students and not original thinkers or workers. That is acquired after leaving the school. School life in the medical college is devoted to meeting the unreasonable demands of examining boards. These, too, fail to think for themselves, but are ruled by a clique. Men have almost ceased to think and act for themselves; they are led by a halter, and that halter, in turn, held by money. Unfortunately for our American institutions, neither corn or cotton are king any more, but it is dollars. Our democratic institutions are lost sight of, and no more is a man measured for what he is worth morally or mentally, but financially, and our educational institutions are measured by the same standard.—In E. M. J.

ON THE SURGICAL TREATMENT OF CHRONIC INDIGESTION.

By John B. Deaver, M. D., Philadelphia.

One of the diseases most widely distributed among civilized communities, one which is indeed so widespread that it has almost ceased to be considered an abnormality in the lay mind, and which is yet most insidious in its course, and is the predisposing cause of many more dangerous maladies, is that time-honored affection known as indigestion or dyspepsia. Occasionally, we hear of persons who boast that they have no such

thing as a digestion; that they eat what they please, when they please, and as much as they please; and that in spite of notorious indiscretions in diet they are yet never conscious of such a thing as their indigestion. In my own experience, such self-styled fortunate individuals are free from the symptoms of indigestion merely because they are afflicted with other symptoms which are due, not to the irritating effects of the ingested food on the gastrointestinal tract, but are produced by the absorption in undue quantity of this same food, when the weaker stomachs of their more fortunate or less favored acquaintances render them incapable of digesting. Thus it comes to pass, as pointed out recently by Francis Hare in his very suggestive work on "The Food Factor in Disease," that individuals with strong digestions, so called, are they who are prone to gouty attacks, and to other similar disturbances of metabolism, and who habitually overeat themselves because their digestion is good; whereas those in whom the gastrointestinal tract is weak and irritable are peculiarly free from such complaints. Hare (i, p. 44) quotes from Fothergill: "I have been a dyspeptic for fifty years," said an old clergyman, "Thank God for it!" All his brothers had died of gout.

It is in this way that indigestion may be interpreted as a protest on the organism's part against repeated insults from indiscretions in diet; and it is in this stage of the diseases attendant upon indigestion that they may be most surely and most safely cured. Principiis obsta is a most excellent motto in medicine, and to withstand the beginning of disease in the alimentary canal is worth more science than to cure fully developed diseases.

For many generations indigestion has been considered a purely medical disease; but now that modern surgery and clinical pathology have begun to point the way, physicians as well as surgeons are not slow to appreciate the fact that organic changes in the internal region of the body require for their correction mechanical means quite as much as do distortions or deformities of the limbs or other external regions of the body. The disorders of metabolism—those produced by abnormal absorption and elimination of the food stuffs—furnish an ample field at present for the physician; and vices of conformation and organic lesions in general, produced by inflammation or morbid changes of another kind, and which alone are the efficient causes of chronic and rebellious indigestion, should be considered the natural and legitimate property of the surgeon.

When surgery had finally conquered the right iliac quadrant as its lawful territory, and had shown the vacillating and uncertain physician how safely, how quickly, and how pleasantly, all acute inflammations of the appendix could be allayed by

its aseptic scalpel; it was but natural that then the surgeon should look about him for more worlds to conquer, and should finally wrest from the weakening grasp of medicine another great surgical field of triumph in the area of the gallbladder. And then, as the surgeon became more familiar with pathological conditions found in the upper abdomen during life, and learned how frequently biliary adhesions involved the pylorus, and discovered that in numerous cases the relief of these adhesions and removal of the gallstones alleviated symptoms of gastric indigestion—it is but natural, I repeat, that the surgeon should have sought to extend his beneficent influence over the stomach as well as over the appendix and the gallbladder; and, as a consequence of the improved conditions wrought in the upper abdomen under the surgeon's sway, that the pancreas hastened of its own accord, as it were, to desert the physician's ranks, and that it preferred to be ruled in diseases by surgery.

It is only a few years ago that the mere idea of indigestion which proved rebellious to medical means, being treated surgically, would have been scouted as preposterous; but most progressive physicians are today in perfect accord with the principles of modern surgery, and are only too glad to have the surgeon restore to health those chronic dyspeptics who were formerly a thorn in their flesh, and who almost without exception drifted from one hospital to another, and slowly, but none the less surely, declined in health under prolonged courses of medicinal and dietetic treatment.

Chronic appendicitis is a disease which still exists, and which must be recognized as such if we would have our patients relieved of their discomfort. Apart from the danger, which always exists, and which is no mere ignis fatuus of the surgeon's brain, of a case of chronic appendicitis suddenly assuming an acute inflammatory character; there is also to be considered the condition of partial or even of absolute invalidism which is frequently attendant upon this disease, and which cannot be relieved by medical means. Much as I have seen of chronic appendicitis, and numerous as are the patients within my knowledge who have existed for many years with a chronically inflamed appendix in their belly, I yet never hesitate to recommend its prompt removal, when once the diagnosis is clear to my mind. But I must confess to a horror of that kind of surgery which says, in the case of a patient with persistent intestinal indigestion of obscure origin: "It may be the appendix that is at fault; at any rate, let's cut it out, and see if that won't relieve the trouble; it's a trifling operation and can do no harm even if the appendix is normal." Such an argument, gentlemen, should receive no countenance from an honest and conscientious surgeon; it is a habit of mind which is too prev-

alent in surgery today, and which is bringing great discredit upon the surgical profession both at home and abroad. To my mind, a surgeon should not be satisfied to make a diagnosis of chronic appendicitis unless he can do at least one of two things —either elicit a clear history of a preceding acute attack, or else palpate the diseased appendix. In many instances he will be able to accomplish both of these things; but where he can do neither, it is my candid opinion that he will do well to decline to operate. There are many cases of chronic appendicitis which were never, at any stage of the disease acute; and in these it will be manifestly impossible to elicit a history of preceding attacks; all that can be learned from the history will be that the patient has suffered more or less constantly from indigestion, with pains, rather vague perhaps, in the right iliac region, or possibly not localized at all. In such cases, unless the surgeon can satisfy himself by physical examination that the appendix is really diseased, he will do well, as I have already said, to decline operative interference. It will in such cases frequently be possible to detect a spot of persistent tenderness, or of rather constant rigidity, in the right iliac fossa; or even to detect by deep palpation or by rectal or vaginal examination the presence of a palpably enlarged appendix, when neither tenderness nor rigidity can be elicited. But if neither the physical examination nor the clinical history satisfies him that the vermiform appendix is at fault he had better leave it alone.

I am not one of those who think that this appendage to the intestinal tract has no function whatever; or that it is a mere vestigial structure. On the contrary, my individual experience, as well as all that I can learn from the literature of the subject, convinces me that Professor Berry is correct in regarding the appendix as an intestinal gland, as a highly specialized part of the caecum; and I am entirely in accord with Sir William Macewen when he expresses the opinion that the succus entericus elaborated by the highly developed glands of Lieberkuhn in the caecum and the appendix is a most powerful adjuvant to the completion of digestion, and that as a consequence "the secretion of the appendix viewed alone in this sense would be a valuable aid to digestion." Conversely the argument is made equally as strong for the removal of an organ such as the appendix when it is really diseased. I recall at the present moment two typical instances of chronic appendicitis. The first patient gave a clear history of previous attack, but although the appendix had been quiescent for a long time, indigestion and vague discomfort in the lower abdomen persisted. Although nothing could be determined by palpation, owing to the patient's thick abdominal walls, I decided to operate, and removed with the happiest results a large

and much thickened appendix from behind the caecum. Another patient who had had an acute attack of appendicitis had been confined to her bed off and on for a year, with persistent flatulence, involving the whole abdomen, and so extensive as to render her an invalid. Physical examination detected a well defined area of tenderness and rigidity over the appendix, and were it not for the distention and rigidity I had little doubt that the diseased appendix itself would be palpable as well. This patient was promised health under so called intestinal antiseptics.

It seems almost unnecessary to urge before this intelligent audience the importance of prompt operative removal of biliary calculi. The more experience any one, whether physician or surgeon, has with these cases, the more important does prompt operation become in his opinion. Gallstones are a positive menace to the patient's life so long as they remain. It is not sufficient to allow one's patients to poke along in a semi-invalided life until an attack of acute cholecystitis arises and renders immediate operation imperative. Here, too, an ounce of prevention is worth pounds of cure, and it is our duty, though it may not always be a pleasant one, to resist the beginnings of disease. Sudden plugging of the common duct may produce a condition of cholaemia in so short a time and in so fatal a form that no operation, however promptly instituted, will rescue the patient from that toxaemic state which is the precursor of death.

Many an obscure case of indigestion can be traced to the presence of gallstones or to a perigastritis originally caused by infection of the biliary tract. Flatulence after eating, rare and apparently causeless vomiting, periods of anorexia or even of actual nausea; these symptoms, even without the history of colicky pains or jaundice, strongly suggest to the alert minded surgeon the existence of cholelithiasis. The actual engagement of a stone in the mouth of the cystic duct may frequently cause slight nausea when it is not sufficient to cause biliary colic; and the minds of medical men should be disabused of the idea that without jaundice there can be no disease of the biliary apparatus. The evil effects of long continued biliary obstruction upon the liver may be compared to those of urinary obstruction upon the kidneys; and as these secondary forms of nephritis may be immensely benefited by prolonged drainage of the urinary bladder, as emphasized by Cabot, of Boston, so likewise may prolonged hepatic drainage be productive of much benefit in cases of parenchymatous hepatitis. The same may be said of chronic pancreatitis. These are diseases which are as surely surgical today as is chronic appendicitis.

The subject of gastric disease has of late years been a fas-

cinating one for the surgeon, and surgery has revolutionized the treatment and the effects of these maladies. With an immediate mortality from operative treatment of less than five per cent., compared to a mortality of from ten to twenty per cent. under medical treatment; and with ninety-five per cent. of permanent cures from operation to forty per cent. of permanent cures from medical treatment, is it any wonder that the modern surgeon ranks it as a crime for the physician of today to refuse these patients the benefits of operation, or that the progressive physician acknowledges the superiorities of surgical measures in the treatment of chronic gastric indigestion? When we call to mind, moreover, that a large majority of patients with gastric cancer give a history of long continued preceding gastric indigestion, can any one resist the conclusion which is to my mind self evident that if gastric lesions were relieved in time by the surgeon, there would be fewer cases of gastric cancer seen by the physician?

There is nothing to my mind so preposterous as the idea which seems still to possess some physicians that pyloric stenosis, gastric cicatrices, and perigastric adhesions can be removed, relieved, or even so slightly improved by medical measures. The stomach we know is not a portion of the intestinal tract from which absorption to any appreciable extent takes place; and for digestion to proceed in its normal manner it is absolutely essential that the ingested food be delivered in suitable time to the small intestine. No drug will force food through a contracted pylorus. By gastric lavage it is always possible to remove the residue which remains in the stomach, but patients who depend upon such means to evacuate their stomachs constantly lose ground; they are continually under nourished, and thirsty; and unless mechanical means are employed to overcome the obstruction their death is a matter of but a few years or perhaps only months. Surgery offers in gastrojejunostomy a method which is practically a certain and permanent cure. The immediate mortality is small—in my own hands about two and one-half per cent—and practically every patient who recovers is cured, and cured permanently. Of thirty patients of my own, traced after intervals of from one and one-half to four years, not one suffered from gastric symptoms. Other surgeons report equally gratifying results. And in the face of such results, I repeat that it is inconceivable that any progressive physician can afford to refuse his patients the benefits of surgical relief; or that he can continue to treat medically patients who are surely drifting from the stages of gastric ulceration into the more serious maladies of gastrectasis or gastric carcinoma.

The persistence in gastric lavage, in the use of electricity

and in the administration of drugs, after a diagnosis of pyloric obstruction has been made, or after a rational course of such treatment has failed to effect a cure, is not merely a foolish waste of time, it is a criminal deception of the patient. Any patient who knows what the modern surgeon knows and what the modern physician could know if he cared to about gastric disease, would be the first person to condemn such senseless dilly dallying with drugs, and would be as eager to accept mechanical correction of his deformed stomach as the surgeon is to offer it to him. In the case of mere atonic dilatation of the stomach, as it is called, where there is no obstruction of the pylorus, it has been my experience that the condition is in reality more often due to visceroptosis. And for such a condition as gastroptosis the operation proposed by Dr. Beyea is to my mind unsatisfactory in the extreme. The shortening of the gastrohepatic ligament has never appealed to me as a surgical procedure; it fails to relieve the gastric dilatation which, as far as my own experience goes, is always associated with these cases of simple gastroptosis. Where the proptosed stomach is not dilated, I have found that all the organs were more or less proptosed; and Beyea's operation is manifestly not curative for such a condition as this. Gastrojejunostomy meets the indications for the gastric dilatation much more fully, and the support of a well fitting abdominal binder will bring the patient much more comfort than complicated suspensory operations, which by the multiplication of adhesions impair the motility of the digestive tract, and substitute one form of discomfort for another.

Some persons have an idea that cancer of the stomach is necessarily fatal, and that even operation offers no hope of escape. Far from it, gentlemen, far from it. When taken in good time there is no region of the body which is so fortunately situated for the radical extirpation of a cancerous growth as is the stomach. But the operation must be done in time; indeed, it is preferably done in the precancerous stage of ulceration before the chronic irritation has inaugurated carcinomatous degeneration. At such a stage, when the beginnings of disease in the stomach are properly resisted, such an operation as gastrojejunostomy by draining the stomach and by short circuiting the food from the ulcerated area, will give this portion a chance to heal, and will thus prevent the development of cancer. But even after carcinoma has developed, it is easily removed so long as no neighboring organs are involved in the disease. The affected area is supplied by four main arteries, and by ligating these the removal of large portions of the stomach may be done bloodlessly, and with little if any shock to the patient; and the whole of the disease can be thus removed

if the patient is operated upon while still in the "suspicious" stage—in that stage of the disease, I mean, in which the existence of cancer is suspected, but cannot perhaps be definitely determined before opening the abdomen. In such cases exploratory laparotomy finds one of its most legitimate fields; for we operate, not merely to determine whether an operation is required, but to remove a malignant tumor if it be removable, and to perform some palliative operation should a radical one prove to be out of the question.

No cancer of the stomach has ever been cured by medical means; and yet there are numbers of patients who have had cancers cut out of their stomachs and have survived the procedure for years—some for eight years or more, living in good health when last reported, or having died at the end of that period of some other malady. The average duration of life in patients with gastric carcinoma treated by medical means is about twelve months; and at the end of that time all patients so treated will be dead. When treated by operations such as pylorectomy, or partial or subtotal gastrectomy, the duration of life varies from twenty-four to twenty-six months, more than twice as long as after medical treatment; and so far from all the patients being dead at the end of this time, nearly one out of every five patients will be alive and in good health. The cases reported by Mikulicz, and by Carle, and Fantino prove, furthermore, that even, though the hope of freedom from recurrence be slight, yet that gastrectomy gives a lower mortality than does gastroenterostomy for carcinoma, and that the patients live from ten to twelve months longer after the radical operation than they do after the palliative operation. Indeed, Moynihan is very urgent for radical operation, claiming that even though the whole of the affected glands cannot be removed, yet that the excision of the foul and sloughing mass from the cavity of the stomach will very materially benefit the patient's health and prolong his life.

In conclusion I desire to say that the problems of the proper treatment of chronic indigestion can only be worked out by the physician and surgeon together. Very many cases of chronic indigestion—gastric, biliary, or appendicular—are really a form of surgical disease; and those which do not yield within a reasonable time to rational medical treatment can almost without exception be promptly and permanently cured by surgery. The fact, above all others, which I have tried to emphasize is that the surgeon is asking to be called earlier into consultation, that he may decide with the aid of his medicine.—N. Y. Med. Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on July 1st, at 8 o'clock at the College. The minutes of previous meeting were read and accepted.

There was a good attendance, and the evening was spent in discussion and informal talks on various subjects.

The next meeting will be on August 5th, at which time Dr. Foss will read a paper.

Adjournment.

P. M. WELBOURN, Secretary.

H. C. SMITH, President.

NATIONAL RESOLUTION

The National Eclectic Medical Association in session in the City of Dallas, Texas, adopts the following:

Whereas, there is a disposition on the part of certain members of the Medical Profession to insist on the creation of a Department of Health, notwithstanding the movement has met with defeat several times, and

Whereas, we believe the only object of the movement is the ultimate creation of State Medicine, and that it will ultimately place in the hands of politicians the welfare and health of the people with the uncertain and evil results of such a condition, which we believe would be unfortunate to the best interests of the people and would destroy one of the most efficient and useful branches of our service, viz., the Public Health Service.

Therefore, Be It Resolved, That we, as members of the Association, denounce the efforts to create either a Department or Bureau of Health, but would suggest to our representatives in

Congress, that they increase the efficiency of the Public Health Service, either monetary or moral support, or both, so that they may pursue their work, even with greater zeal, if possible, in the future than in the past and which work has been eminently successful in bettering the physical conditions of our own as well as other nations, as is witnessed by their work in the Canal Zone, Cuba, Porto Rico, Manilla, California and in the South.

COLLEGE NOTES

Herbert T. Cox, M. D.

The class of 1913 lately presented the college with a nicely framed picture of the class. The picture is a fine piece of work by Witzel, and is better than the ordinary picture made for such purposes. This class is the first to leave their picture to be hung in the college, and we hope that each class after them will do the same, for in future years it will be very interesting to step into the college and view the various classes that have graduated.

Professor B. E. Fullmer returned from a three months' visit east as far as Boston. He attended some clinics in Chicago while on his return trip.

Professor A. M. Duncan has resigned from the Chair of Eye and Ear, because of the fact that he has moved his office to Tropico. We all regret to see Prof. Duncan leave us as he has been a good and faithful instructor in his department.

Dean Munk is taking a rest from the past year's strenuous work by spending most of his time at his ranch near Compton, where the College Botanical Garden is located.

Many changes are being contemplated in the college equipment for the coming year. Also there will be some new members on the faculty. We are well assured of and looking forward to the biggest year in the history of the college in Los Angeles.

NEWS ITEMS.

Dr. H. Vandre, San Francisco, is reported to be on the sick list.

Dr. and Mrs. J. C. Solomon are spending the months of July and August at Newport Beach. Their son Harry, a senior in Harvard, is spending his summer vacation here.

Dr. Ovid Laws who has been on the sick list for a number of months, is feeling better and has written another article which will be found elsewhere in this issue.

Dr. Hildreth is doing special work at the County Hospital,

and will establish his office later, which we hope will be in our midst.

Dr. Stevens of Cairo, Illinois, is spending some time in California, hoping to benefit his health.

Dr. E. P. Bond, formerly of Phoenix, Arizona, has taken charge of the Glendale Sanitorium while the owner is in the East.

Dr. E. R. Petskey writes from Edinburg, Scotland, that he is enjoying the clinics of that city, but does not enjoy the climate.

Dr. and Mrs. E. P. Bailey are spending the summer at their cottage on Lake Michigan, and enjoying the pleasures of motor boating and fishing.

Dr. J. E. Shearer, Glendale, Oregon, is just completing the erection of a sanitorium which will accommodate fourteen patients and be thoroughly modern in every detail. The new institution will be named "Stevenson Sanitorium."

In the June issue of the Pacific Coast Journal of Homeopathy will be found two interesting articles, History of the 1913 Campaign for Liberal Medical Legislation in California, by Chas. B. Pinkham, and address by Dr. James W. Ward at the Governor's Conference on behalf of the Legislative Committee of the California State Homeopathic Medical Society.

Dr. Carl Murray, Sacramento; Dr. E. P. Bailey, Rapid City, Mich.; and Dr. T. E. Riddle, Rockdale, Tex., have sent in their subscriptions for two years.

Dr. R. B. Bishop, Harrison, Ark; Dr. J. G. Tomkins, Oakland; Dr. J. F. Balzer, Pasadena; Dr. H. G. Pyle, Pasadena; and Dr. F. J. Cook, Los Angeles, have subscribed for the Journal for one year.

Dr. Laurence Keegan, San Diego, who has been taking post-graduate work in St. Louis, has returned. The Doctor made a business trip to San Francisco during the latter part of July.

Word has been received that Dr. J. F. Barbrick, who has been abroad for a year, will return at once because of the ill-health of Miss Barbrick, who accompanied him on his trip.

Wanted—To buy or exchange for a large X-ray apparatus. Anyone having such, please communicate with this journal.

TRANQUILLITY DURING GENERAL INFECTIONS

One of the most urgent needs during a severe general infection, typhoid fever, for instance, that of securing rest for the patient, is satisfactorily secured by means of Pasadyne

(Daniel). The advantages of this product for the purpose named will be better appreciated when it is recalled that Pasadyne is the Concentrated tinct. of Passiflora Incarnata compound, the above name being employed to distinguish Daniel's product from others. Pasadyne (Daniel) possesses soporific properties in a marked degree, with the further advantage that it is free from the disagreeable after-effects of other potent hypnotic agents. Pasadyne (Daniel) may be advantageously employed whenever a sedative is indicated.

A THERAPEUTIC POINT WORTHY ATTENTION

A feature that has contributed to make Cord. Ext. Ol. Morrhuae Comp. (Hagee) so widely popular, is the ease with which it is tolerated during the hottest kind of weather. This is a marked advantage and one well worthy the physician's consideration, for the need for a tissue food such as Cord. Ext. Ol. Morrhuae Comp. (Hagee) may be just as pressing in an individual case in summer months as during the coldest weather.

By the same token this product is especially well adapted to the needs of those with a delicate gastric apparatus.

HAY FEVER: "DISEASE OF MYSTERY"

Dr. S. Fuller Hogsett of Pittsburg, in his excellent paper, "An Experimental Therapy in Hay Fever," read at a meeting of the University of Pittsburg Medical Society and published in the April (1913) issue of American Medicine, New York, points to some interesting facts respecting this "disease of mystery," as he not inaptly refers to it. "As far back as the year 1565," says the doctor, "Botallus reported a case. Again in 1673, Von Halmont, and in 1698 Floyer of London called attention to this condition. In Good's 'Study of Medicine' there is reference to a case related by Timaeus in 1667 of an attack of asthmatic nature caused by the odor of roses and ipecac."

Thus it will be seen that hay fever, instead of being a disease of modern origin, as many may have presumed, is in reality centuries old.

Discussing the problems of etiology and treatment, Dr. Hogsett continues: "Many theories have been elaborated and many forms of treatment have been called to the attention of the medical profession. A strain of pessimism regarding the possibility of a cure in this condition appears in the writings of many authors. No one theory accounts for all features of the affection and the many etiological factors."

In 1912 Dr. Hogsett treated a number of cases successfully

with Mixed Infection Phylacogen. His observations as to methods and results are of interest and value. "In carrying out the Phylacogen treatment," he says, "I have found that the initial dose should be small when given either subcutaneously or intravenously. It has been my procedure to begin with a 2 c.c. dose subcutaneously or one-half c.c. intravenously. . . . In giving the subcutaneous injection I usually select the insertion of the deltoid or the area just below the scapulae. The latter seems to be the ideal spot, as absorption takes place very readily and the complaints from the local reaction are much less. I repeat my injection either daily or on alternate days, the interval to be determined by the clinical condition of the patient. It is seldom necessary to give more than four to six injections, the symptoms often disappearing after the second or third injection. Almost immediate relief is noted by the patient. The irritating discharges from the eyes and nose are diminished in amount, the sneezing is lessened, the dyspnea is relieved and the patient usually sleeps comfortably. All cases that I have treated successfully have remained well through the season. I have yet to record only one failure, but I have not had a sufficient number of this class of cases as yet to warrant a positive claim that this remedy will act in all forms of the disease."

Clinical experience with Mixed Infection Phylacogen in the treatment of hay fever is inconsiderable as yet. The product had its inception in 1912, when the season was well advanced, and the opportunities for its employment were necessarily limited. The next two months will undoubtedly tell the story of its applicability to this hitherto intractable disease, and the results of a more extended trial will be watched with a deal of interest.

The California Eclectic Medical Journal

Vol. VI. SEPTEMBER, 1913 No. 9

Original Contributions

THE CORRELATION OF FORCES IN MATERIA MEDICA AND THERAPEUTICS.

H. Vandre, M. D., San Francisco.

Read before the California Eclectic Medical Society.

In this vast increasing field of Materia Medica and Therapeutics we, as physicians and surgeons, owe a debt of gratitude to the Lloyds, Scudders and other memorable Sampsons of the Eclectic School. To Ellingwood we are indebted for most of our rich and incomparable materia medica—to the Lloyds for our elegant Eclectic pharmaceutical standards and to the pharmacists and chemists generally for the numerous chemical and physiological products of the laboratory. We look to the physiological chemist for our physiological foods, cell and tissue builders—we are grateful to the biologist for valuable serums and biologic products of microscopical plant life—the bacteriologist enlightening us in the disease producing germs, and the pathologist pointing out the danger spots here and there, and all working in unison for the common good and cause of humanity.

It is not alone sufficient today to know the physiological action of drugs, but their pathological action as well, and also a knowledge as well of their cellular affinities, organic and structural selection; especially is this observed in obscure pathological and nervous conditions, as is noticeable in the many reflexes we treat, here carefully selected and well chosen Eclectic remedies given singly or in combination, each working in its respective sphere and assisted when necessary by laboratory products along these lines will render to both patient and physician great service.

As physicians and surgeons (irrespective of school) we are all working toward a common cause, viz: The prevention, relief and cure of diseases and the saving and prolonging of human life. Each school of medicine working along its own line of thought. We are but working on the outer line of this great medical circle towards its center. Some of us may be

wrong, perhaps some are right, again others perhaps are both right and wrong and none of us perfect, but time alone can tell this truth. However, I wish to impress upon you, lest you forget, concerning Eclectic remedies and treatment as against other remedies and methods of the present. Use these, if you must, but use Eclectic remedies and treatment first; use them, prove them and convince yourselves. I say this in all candor and truth. As physicians, you owe it, not so much to yourselves, but to those ill and afflicted. To me, why this most humane and benevolent treatment by some should be suppressed, is as absurd as it is cruel and inhuman. To our adversaries I would state that to withhold them is a crime. Sufficient, however, for the Eclectics to know their full value—to have and to hold as much faith in Eclecticism as we have faith in other American institutions (ad honores et fides).

In the future, as in the present, we will cultivate tolerance, temperance and patience, give respectful bearing and attention that lives may not be jeopardized, but possibly be spared and prolonged and in **deed** as in **fact** of a noble calling will be maintained.

A BRIEF REVIEW OF A YEAR'S POST-GRADUATE MEDICAL WORK ABROAD.

By J. Fraser Barbrick, M. D., Los Angeles, Cal.

TO THE EDITOR: In compliance with your request for a brief article on Post-Graduate study in Europe, and conditions medical abroad, I will begin by saying that I know little first-hand of the undergraduate work, my attention and time having been given up entirely to post-graduate, clinical and hospital work. My year was divided about as follows: Two months at Edinburgh, Scotland; one month at London, England; six months at Vienna, Austria; the remainder of the time being spent in traveling, sight-seeing on the continent thro France, Belgium, Germany, Austria, Hungary and Italy, and visiting hospitals and clinics in the principal cities en route.

In Edinburgh the work is done under the auspices of the joint faculties of the University and the Royal College of Physicians and Surgeons; didactic and laboratory work in the University buildings, and clinics mostly in the Royal Infirmary, which is one of the best managed and finest appointed institutions of its kind visited.

The Royal Infirmary is, one might say, the general hospital of Edinburgh. It is built on the detached department

style, occupies extensive grounds overlooking a large commons called the Meadows, and is separated from the University medical buildings by a street called the Meadow Walk. The buildings are of Scotch granite, very solid and substantial, planned and equipped in the most approved style and manner, wards high studded and light, clinic rooms, spacious and easy of access, surgical and other operating and treatment rooms mechanically perfect, and lecture rooms, airy and comfortable. The teaching in general medicine and the laboratory work is excellent; in the special work good, and in surgery fair. But the surgical technique and asepsis abroad, so far as I saw it, was not comparable to our American article.

The Anatomical and Pathological Museums of both the University and the Royal College are very fine, and the dissected and preserved anatomy specimens of the latter are, if possible, more perfect and beautiful than the text book illustrations.

The post-graduate work in Edinburgh is carried on only during the summer, the months of July, August and September being wholly given over to this work, the balance of the year to undergraduate work. The facilities are good, the men courteous, the courses well planned, and each year efforts are made to strengthen and broaden the work and make the teaching more thorough and efficient. The drawback is that the time is too short to permit one to specialize, tho sufficiently long to allow of a review of the practical subjects for the general practitioner. The total attendance is large and comes from all quarters of the globe, but the membership of all classes is limited, and generally one must apply some time in advance to be sure of a place in some of the special courses. A unique and very pleasant custom is that of suspending all lectures and work from four to four-thirty p. m. for afternoon tea, which is often served by the nurses, if one is working in the hospital at that hour, or for which you adjourn, if at lectures, to a near-by tea room, often accompanied by the professors.

In London the post-graduate work appeared to me not well systematized, tho there are two post-graduate schools there, either of which will sell you tickets not only for their own courses, but for those given at the different hospitals, the latter of which one can as well, if not better, arrange independently, after some acquaintance and investigation. Courses are given at most of the hospitals and you are permitted, by courtesy, on presentation of your card, to one week's attendance free. The clinical material of London beats the world in extent and variety, and it is a pity it could not be used more advantageously for post-graduate work. The eye clinics at

Moorfields—the Royal Ophthalmic Hospital—the tuberculosis clinics at the Brompton Hospital, skin clinics at Guys, cancer and malignant diseases at the Skin and Cancer Hospital, and the neurological clinics at the National Hospital for Epileptics were most interesting; and, without doubt, if one could remain in London long enough to become acquainted with the men, the city and the hospitals, of which the above are only a few, splendid work could be had. But my time was too limited, and when a London fog—which is 75 per cent soft coal smoke and soot and the balance a fine mist, which, so to speak, rubs in the smoke and soot—strikes one who is used to California weather, life is too short to wait around for more, especially if each fog lasts six days, as the one that struck me did, and is so dense that one loses oneself turning around.

On the continent conditions are somewhat different, the general hospitals being under governmental control and the heads of the clinics being governmental appointees, who are placed in their respective positions because of special fitness and ability.

In Vienna, Austria, the post-graduate work is done for the most part in the Allgemeines Krankenhaus or general hospital, tho some of the anatomical courses are given in the Anatomical Institute of the University of Vienna and much of the Ambulatorium work at the Policlinic and clinics of other hospitals throughout the city. The Allgemeines Krankenhaus, while not up to date in either buildings or equipment—except some of the newer departments which are modern—is one of the oldest and largest general hospitals in Europe, and its clinics are perhaps the largest and most noted in the world. It has nearly 3000 beds, admits nearly 50,000 patients annually, and treats 160,000 more per year as out-patients. The buildings, some of which are over a hundred years old, are rambling affairs three or four stories high, enclosing large, open spaces called courts. There is nothing artistic or inviting about it, yet the work done there has revolutionized some of the branches of medicine, such as eye, ear, nose and throat, and pathology. An average of seven postmortems a day are made in this hospital alone.

With the exception of my eye ambulatorium, which I did at the Franz Joseph under Tersch, and physical diagnosis, including diseases of the chest, heart and lungs, which I took with Popper at the Policlinic, I did all my work at the Krankenhaus; eye in the Fuchs and Dimmer clinics, ear in the Urbantschitsch, previously Politzer's clinic, and nose and throat in the Chiari clinic; so my knowledge of the other hospitals, of which there are quite a number, is limited to occasional

visits, and, as far as I could judge, none of them was in any way comparable to our modern American hospitals.

Post-graduate medical study in Vienna is reasonably well systematized—thanks to the efforts of the "American Medical Association of Vienna," which, through an understanding with the University authorities and the teachers, comparatively controls the work. To be eligible to the courses, which, on the whole, are well organized and arranged, one must become a member of the Association, and all physicians of good standing doing post-graduate work in Vienna are eligible to active membership. The courses for the most part are given in English, but the teaching is not done by the great professors and authorities we hear and read about, but by adjunct professors, assistants and docents, few of which are known or ever heard of outside of their own bailiwick, and, so far as they are concerned, the work is purely a commercial proposition and a good paying one at that. To illustrate: In their capacity of hospital and clinical assistants, the salaries of these men run from $300.00 to $700.00 a year. On the other hand, their incomes from the courses given to post-graduates—mostly Americans—run from $1000.00 to $5000.00 for the same period.

While there are some advantages to be found in Vienna, such as teaching of fundamentals—which, by the way, should be had before going there, but in many cases unfortunately are not—extensive clinics, systematic work, etc., there are also disadvantages, not the least of which is the large number who go there, overcrowding the courses, clinics and ambulatoria, and creating in many ways an undesirable state of affairs. Then while some of the teaching is good, I failed to find any that was above the average, and much of it is mediocre and disappointing. In some subjects such as Pathology, Laboratory work and Diagnosis, they excel. And why shouldn't they? They have absolute control of their clinical material, hold it and study it to their hearts' content at the expense of the state and have authority to "post" all cases that die in the hospital. But as to treatment, with all their diagnostic aids and adjuncts, and after all their study of their cases, with a few exceptions therapeutic nihilism and drug pessimism prevails about on the same scale there as it does in the ranks of our so-called regular brethren here. In fact, a popular saying among both the laity and profession there is as follows: "Alles ist hier Diagnose, und nachdem die Diagnose gestelt ist, ist die Sache abgemacht," which rendered into English, about equals, "All here is diagnosis and after the diagnosis is made the thing is done."

In considering post-graduate work in Europe; that is, on the continent, one should understand that while a familiarity

with the language is not absolutely essential in Vienna or Berlin, yet a conversational knowledge of German, both ordinary and medical, is a great advantage and without it one is handicapped at least 33 1-3 per cent. In Paris, French is absolutely necessary, as no work is given in English there.

To those contemplating post-graduate study abroad, who may read this, I would say: Unless you can spend at least one year in the work, don't go. The man who does a three months' post-graduate stunt abroad has wasted both his time and money, measured by the work he can do and the knowledge he can gain in such a period. It may be that to a certain class the so-called prestige and eclat pertaining to the trip is sufficiently satisfying and all they care for, but to the earnest student who goes with the sole idea of returning better equipped to practice his profession, anything less than a year's solid work is unsatisfactory and will not repay for the sacrifices, financial and otherwise, entailed.

To sum up and close, from my experience I have formed an opinion about as follows: While I would not have missed the trip for the world, aside from its broadening influence, its enlargement of one's first-hand knowledge of the habits, customs and manners of other peoples and countries, its opportunity to acquaint oneself in art, architecture and history, ancient, medieval and modern, its tendency to make one better understand and more appreciative of what one has at home, and last but seemingly not least, the prestige it gives, one can gain in a medical way for the same time, money and effort, as much, if not more, in our own country as in any foreign land.

SOME RECENT MEDICAL LEGISLATION.

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Owing to the pernicious activity of the A. M. A. to gain complete control of the medical profession in the United States, the Eclectics of California have realized for some time that a crisis was imminent, when they might be deprived of the right to conduct a medical college or practice medicine in the state. A point was finally reached, when they felt that something had to be done immediately to prevent such a catastrophe and decided that relief must be sought and obtained through medical legislation.

At the November meeting of the Los Angeles County Eclectic Medical Society last year, the subject was introduced and a resolution adopted urging the legislative committee of the State Society to meet at once and decide upon some definite course of action. The subject was discussed from various

angles and it was unanimously agreed to begin work at once and ask the legislature to establish a state standard of qualification and for a separate board of medical examiners.

Heretofore, whenever an attempt was made to influence legislation in our own behalf, we were always afraid to act for ourselves in an independent effort to secure our rights. This time we decided to stand alone and boldly ask for what we wanted regardless of results. We were first on the field and started the ball rolling for a separate bill for Eclectics. We appreciated the largeness of the task and were willing, if need be, to unite with any others who might follow us in a compromise measure that would give a square deal to all.

A subscription list was started at the meeting mentioned, which received liberal donations from those present to meet the expenses of the campaign. With this start made in the south, there was already a good beginning when the committee met, later, in San Francisco. Dr. H. Ford Scudder, Secretary of the State Society and of the legislative committee, was appointed agent, with full power to act. On the suggestion of Dr. J. T. Farrar, Hon. George Gelder of Berkeley was engaged to draft the bill and introduce and push it in the assembly. Dr. Charles Clark, member of the State board of medical examiners, rendered valuable assistance in framing the bill and everybody else did what they could to help the good work along.

Prior to the meeting of the legislature the statement was made that there would be no new medical legislation. Both the allopaths and osteopaths were already amply provided for under the old law and there was nothing more that either could desire. But during all this time the medical trust was slowly tightening its grip to crush out the Eclectics and homeopaths and the other minor cults. After the Eclectic bill was introduced, all of the allied interests suddenly woke up and got busy and soon a horde of medical bills were presented making all kinds of demands and their insistence could not be ignored. Not all, nor even any one of these separate bills, could hope to be enacted into law and it soon became evident that it would be necessary to amalgamate the various interests into some compromise measure before final action could be taken. The representatives of those in power were on hand in force, as usual, and tried by every possible means to prevent or minimize any change made in the law, but failed. Every twist and turn known to the skilled lobbyist and politician was employed, but to no avail. Fortunately, the early introduction of our bill gave it precedence on the calendar and it was the first bill to be discussed. This step caused an immediate and urgent demand on the committee for a compromise bill that resulted

in Senate Bill No. 813, which was passed and signed by the Governor.

The new law is not perfect, but is a great improvement on the old one and marks an epoch in liberal medical legislation. It provides a home or state standard of preliminary requirements—a California high school diploma or its equivalent—and establishes the legal status of a California medical college in studies and hours. The A. M. A. is entirely eliminated from the law and the state no longer has to take its orders from the foreign medical octopus in Chicago. The law recognizes two classes of practitioners—the drug and drugless—on which the lines of difference are sharply drawn, but properly permits subject credits to be given those who desire to advance from the lesser to the greater system of practice. There is, also, a clause for liberal reciprocity with other states, which movement had the sanction of the Governor from the start and shows that the progressive element in California is not all an idle dream.

The results of the campaign prove that something effective can be done by a body of united and determined men. The man who sits down and says nothing can be done, spells failure and defeat for himself in advance. No man can tell what he can do until he tries. He should never say die, but if he must die let him die fighting. If such a radical change in the medical law can be made, as was done here in California where the conditions were unfavorable, it is possible to do as much in every other state in the Union where a change is needed, and the results obtained in California should give courage to the faint-hearted, and the course here pursued should be an example for other states to follow.

CONSUMPTION OR TUBERCULOSIS.

By J. A. Burnett, M. D., Hartshorne, Okla.

Consumption and tuberculosis are synonymous terms; that is, both words mean one and the same thing. It is not necessary for me to define the word consumption or tuberculosis, for even the average layman knows what it means. Consumption can affect various parts of the body, as the lungs, bones, skin, lymphatic glands, brain, etc.

In this article I have reference only to pulmonary tuberculosis, or what the laity call consumption, or consumption of the lungs, as this is the most common form of consumption we have and it kills more people than any other form of consumption. There is one thing very peculiar about the majority of people with consumption, or at least with most cases that I

have met, and that is, they do not like to admit they have consumption. I have seen people with consumption that I felt sure they knew it and were satisfied they had it and still they would not admit it and would deny having it. This denying having the disease does not help matters for the patient or those that may be exposed to them. It is no disgrace to have consumption and no use in denying it.

There is another rather peculiar thing about a large majority of people with consumption, and that is, they will neglect and put off treatment about as long as possible. It is extremely important that people with consumption should begin treatment as soon as possible and keep it up as long as some competent physician should think best. It is the early and persistent treatment in consumption that does the most good and cures the most cases. If all the people with consumption would bear this in mind during the early stages, much more could be done in the way of cure and prevention.

If a patient delays until the disease has almost done its deadly work then no one can expect very much. Consumption is a disease suited for office practice. It is a disease that I am very much interested in, as I make a specialty of office practice. A person with consumption should not give up and decide that nothing can be done and that consumption is incurable, for this is not the case. There are almost an inexhaustible number of reports scattered through medical literature, producing evidence that consumption can be cured. If the physician can manage the patient; that is, if the patient will do as the physician wants him to do, my opinion is that a large per cent of cases can be cured, if taken in time.

There is one drawback in most cases, and that is, most consumptives delay time until they spend about all they have and are not financially able to pay for proper treatment. The majority of physicians will not give any case of any disease due time and attention when the patient cannot pay for it. Of course there are exceptions to all rules. But to treat a case of consumption as it should be treated in order to cure it, requires some of a physician's time as well as some of his money.

ECLECTIC USES OF ERYTHROXYLON COCA.*

By Finley Ellingwood, M. D., Chicago, Ill.†

General Uses and Action.—So striking are the general indications and actions of Coca as to have dominated the attention of observers, and thus largely prevented the determination of its definite specific action on exact conditions. As a specific medicinal remedy, therefore, Coca has not been studied

with the close observation and reference to exact application that its merits demand.

In its general influence, Coca covers a very wide field. Not only is it a nerve stimulant, whose influence begins with the brain, but its effect on the cerebrum and thence on the entire nervous system, including the heart, are plainly marked. Coca thus becomes a circulatory stimulant, and for this reason it acts as a respiratory stimulant. Lastly, but not least, it is also a powerful muscular stimulant, its action in these various fields seeming to be so plainly marked that in each direction it may almost be said to act independently. Yet without doubt a definite, connected influence is exerted in all these fields.

The stimulant action of Coca is easily overdone, with a resultant paralysis, local anesthesia and convulsions, with general depression, ataxic gait, and uncertain muscular action and pronounced insomnia, difficult, in some cases, to overcome.

Because of this liability to overstimulation, Coca must be given in carefully adjusted doses, always small, never large enough to produce pronounced physiological effects.§ Thus administered, the remedy is of benefit in hysteria and in melancholia, seeming to affect these conditions directly, while at the same time, if proper auxiliary measures be adopted, it overcomes the basic neurasthenia upon which such conditions depend.

As a Restorative of Strength.—While originally thought to produce permanent restoration of strength, as shown by the native use of the leaves (see pages 5 to 14), the conclusion is forced upon us that the conditions governing the therapeutic use of Coca as a nutrient have not been fully established, since it does not promote functional operation in the various organs sufficiently to permanently increase nutrition, at least to any great extent. Under certain circumstances, its influence in this direction is apparent, but as a specific remedy for this purpose Coca alone can by no means be depended upon.

As an Aphrodisiac.—While aphrodisiac action is attributed to Coca, this being said to be occasionally plainly apparent in its native habitat, Coca has not shown sufficient activity in this line to encourage the belief that it can be relied upon for that purpose.

As a Tonic.—Its influence as a tonic to muscular structures, and its immediate stimulant influence on muscular action, are probably exercised through its influence on both the nervous system and the muscular structures themselves.

Through some peculiar influence not yet understood, Coca increases the powers of endurance, and induces a singular immunity to the suffering incident to privation and excessive physical action, that can not be ascribed altogether to its an-

esthetic influence. It is natural to suppose that there would be a detrimental reaction following this influence, but by those who use the leaves a claim is made of permanent invigorating and restorative effects, which are not yet understood. It has been argued that Coca probably abolishes hunger because of its local anesthetic influence on the nerves of the stomach.

Following the suggestions of its restorative influence, if given wherever there be debility of the heart's action and cardiac weakness, the stimulating action of Coca is satisfactory, its subsequent effects being those of a nerve tonic. Given in medicinal doses, it improves the digestion and the condition of the nervous system, and overcomes mental exhaustion, which is often accompanied with depression of spirits and despondency. It relieves nervous irritability, restoring the capacity for work, inducing renewed energy in those who have been overwrought.

Insomnia and Nerve Exhaustion.—In cases of violent and immediate exhaustion or prostration, which are sometimes accompanied with extreme insomnia, not allayed but rather increased by sedatives, I have used a combination of a few drops of Specific Medicine Coca and ten or fifteen drops of the tincture of Red Cinchona, from one-tenth to one drop of Specific Medicine Capsicum, and a tablespoonful of port wine, or other immediate stimulant to each dose. Dose, teaspoonful every hour or two. The amount of Coca in this prescription is determined according to the debility exhibited, the remedy being given for its immediate bracing influence.

As a stimulant I have yet to find the equal of the above prescription, nor have I any record of a Coca habit resulting therefrom. After the second dose the patient becomes quiet, and at night falls into a normal sleep that often continues for six or eight hours, sometimes unbroken; at other times the patient waking naturally after two or three hours, and shortly again falling asleep, with no undesirable effects upon awakening. The use of the remedy must be abandoned when the patient becomes normal.

For Indigestion.—Painful conditions of the stomach resulting from indigestion are better relieved by small doses of Specific Medicine Coca than by other remedies. The action of the drug here is difficult to explain. It certainly causes an increase of the gastric and intestinal juices, and imparts a temporary tone to the stomach, which becomes more apparent with the use of properly added remedies. In conditions of flatulency or colic, or various acute painful disorders of the gastro-intestinal tract, Specific Medicine Coca is very useful.

Coca thus facilitates digestion, improving the general tone of the patient in neurasthenia, in which indigestion is due to a

lack of nerve force. Whenever dyspepsia is dependent upon extreme atonicity and a lack of power in the digestive organs, Coca should be beneficial. Where nausea and vomiting result from feebleness and decomposed food, if the stomach be first evacuated, the condition will cease and the powers of the stomach be restored, with small doses of Coca alone. It is also beneficial in reflex vomiting, but it is seldom this condition is present without lack of tone.

Headache.—Headaches due to enfeebled conditions of the stomach and digestion, or to fermentation of food, will cease on the taking of Specific Medicine Coca with a little Specific Medicine Capsicum, as per preceding prescription under "Insomnia and Nerve Exhaustion." These remedies, combined, exercise both a local and a general stimulant influence.

In Exhaustion After Fever.—In line with the action of Coca in extreme acute exhaustion, the aforenamed combination of Specific Medicines Coca and Cinchona will, as a rule, be found surprisingly useful after the prostrating effects of continued fevers, or during shock from any cause, especially surgical shock. In certain cases during pregnancy the spinal cord becomes irritated, and the nerve force is drawn upon for the child, until the mother is threatened with puerperal mania. Here no combination is more satisfactory than the foregoing. (See prescription under "Insomnia and Nerve Exhaustion.")

In Migraine.—In migraine, where the difficulty is due to exhaustion, either physical or mental, Coca will be found valuable. In other headaches—those of wasting nervous diseases—where the phosphates are found very abundant in the urine, and usually in occipital headaches, with great pain in the back of the neck and resultant weakness, the influence of Coca is favorable, if properly administered. In this affection (Migraine), Subculoyd Lobelia, given hypodermically, is very prompt and should always be at the command of the physician. (See "Summer Remedies," Lloyd Brothers, 1913.)

Specific Use.—So far as our observations have taught us, Coca is specifically indicated for its immediate effect in acute exhaustion, sudden shock or prostration. It should be given in fatigue from any cause, overwork, general weakness and disinclination to muscular action; also in feeble heart, where the fault is from exhaustion, rather than from actual disorder, with difficult breathing and some palpitation, or where there are faults of digestion, either intestinal or gastric, with resultant headache; also in headaches from feebleness, especially from the peculiar headache of nervous exhaustion, to which we have elsewhere referred.

Be sure that the use of this or any other prescription of Coca is not carried to the habit-forming period. In chronic

conditions, let there be occasional changes in medication. Do not inform the patient concerning the nature of the remedy employed. Better resort to other agents, of which physicians familiar with the Specific Medicines are aware, than to establish in an individual a curse greater than the original disease.

In this article, all references to the therapy of Coca are understood to refer to the use of the Specific Medicine, which is a pharmaceutical preparation of Coca leaves, no reference whatever being herein made to the action, medicinal or otherwise, of Cocaine, which, although a local anesthetic, is also an active remedy in many lines, but so different from those of Specific Medicine Coca as to make it necessary to consider the two remedies separately.

*From advance proof of a Drug Treatise on Coca, issued by Lloyd Brothers, Cincinnati, Ohio.

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§In this connection we call attention to the axiom of Professor Scudder, as follows: "It will never do to suppress the process of disease at the risk of suppressing the organism upon which natural function depends."

EXAMINATION QUESTIONS

CHEMISTRY AND TOXICOLOGY.

August 5th, 1913, San Francisco, Calif.

(Answer Ten Questions Only.)

1. Select the five most important reagents for an urine analysis outfit and state why you select each.
2. Describe Ehrlich's Diaxo-reaction. Of what diagnostic importance is it?
3. What do you understand by "occult" blood and how would you test for it?
4. What is the explanation of souring and curdling of milk? How is soured milk supposed to prolong life.
5. Express in Centigrade 104° Fahrenheit. Give rule for transposing Centigrade to Fahrenheit.
6. What is the poison in most headache powders? Symptoms, Antidote?
7. How would you determine presence of abnormal quantity of chlorine in drinking water? What does it indicate?
8. Name a secretion in the body containing (1) Cholestrin, (2) Pepsin, (3) Trypsin.
9. Define Organic Chemistry. Inorganic Chemistry. Physiological Chemistry.
10. Give the chemical and physiological antidotes of phosphorus poisoning?
11. Give tests for phenol poisoning and antidote.
12. Outline the fate of carbo-hydrates in the body.

HYGIENE.

San Francisco, Calif., August 5th, 1913.

(Answer Ten Questions Only.)

1. Define certified milk; Inspected milk; Pasteurized milk, and give your opinion as to which a municipality should require, considering the matter from a hygienic and economic point of view.
2. What are the causes of ordinary "colds," and what can be done to prevent "catching cold?"

3. Name the three species of tape worms of which man may become the host. In what food are they found?
4. How does hook worm disease enter the human system, and what measures would you take to prevent it; in what states is it most prevalent?
5. What sanitary measures should be adopted in caring for tuberculous patients?
6. What effect have venereal diseases on the propagation of the human species? Explain.
7. What is the period of incubation for each of the following diseases: (1) Plague, (2) Smallpox, (3) Diphtheria, (4) Scarlet Fever, (5) Measles?
8. What hygienic precautions should be observed in a pregnant woman?
9. What should municipal authorities do to reduce infant morality from digestive diseases?
10. Why is candy one of the articles of diet now supplied soldiers? What are the usual adulterations of candy?
11. What are the causes of mouth breathing? What are the deleterious effects? What would you do to prevent mouth breathing in a child?
12. In a typhoid epidemic what would you do to discover the source of infection?

OBSTETRICS.

San Francisco, Calif., August 5th, 1913.

(Answer Ten Questions Only.)

1. Give some of the more serious symptoms of toxemia of pregnancy with possible effect upon mother and child? What is the cause?
2. In difficult labor give technique of delivery of shoulders after head is born? Which shoulder would you deliver first?
3. What is the usual cause of prolapse of pelvic viscera following labor? What measures would you advise for relief of this condition?
4. How does pubiotomy and symphyseotomy differ? Which is attended with greater mortality to mother?
5. Discuss the matter of version? Give the varieties (a) with reference to the foetus, (b) with reference to mother.
6. In forceps delivery what conditions, complications and emergencies should operator be prepared for?
7. Give the symptoms of incomplete abortion. How would you manage the case?
8. How would you prepare your patient for immediate repair of cervix following labor? What advantages are gained by early operation?
9. In considering the functions of the pelvic floor during labor, how does the functions of the posterior segment differ from the anterior?
10. In approximating stage of development from size of womb during pregnancy, where would you find the fundus (a) at six weeks, (b) at twelve weeks, (c) at twenty-four weeks, (d) at thirty-two weeks?
11. What are the natural forces which tend to control and prevent hemorrhage following delivery, and what artificial means can be used when necessary?
12. In puerperal sepsis what is the difference in the character of the infection and blood test between sapremia and septicemia?

GYNECOLOGY.

San Francisco, Calif., August 6th, 1913.

(Answer Ten Questions Only.)

1. Make drawing of female internal generative organs, indicating their size and relative location.

2. Describe the female perineum.
3. What is a urethral caruncle—give symptoms.
4. What may cause an amenorrhoea in a woman thirty years of age?
5. Give the symptoms and laboratory findings in cystitis.
6. Name the causes of uterine enlargement and differentiate two.
7. What office equipment is necessary for making a gynaecological examination?
8. Differentiate acute unilateral salpingitis from acute appendicitis.
9. What anatomical changes occur in order that a retroversion of the uterus may develop?
10. Give the early diagnosis of uterine cancer.
11. What are the pathologic and symptomatic sequelae of an unrepaired lacerated perineum.
12. Give the physical and laboratory findings and sequelae of gonorrhoea affecting the female genito urinary tract.

GENERAL DIAGNOSIS.

San Francisco, Cal., August 6th, 1913.

(Answer Ten Questions Only.)

1. What factors must be considered in estimating the condition of a patient suffering from Diabetes Mellitus; what complications are to be feared, and what are the terminal symptoms found in this disease?
2. Describe the lesions found in erythema nodosum.
3. From what and how must the rash of scarlet fever be differentiated?
4. What may cause an enlargement of the spleen, and give the accompanying signs and symptoms in any one of those diseases?
5. What factors would you consider in advising for or against surgical intervention in prostatic hypertrophy?
6. Differentiate typhoid fever from tubercular meningitis.
7. Name and differentiate the Bradycardias.
8. Give the symptoms of lateral sinus infection developing in the course of an otitis media.
9. Differentiate an epileptic from a uraemic convulsion.
10. Upon what would you base a diagnosis of infection by the Ankylostomum Duodenale?
11. Differentiate scabies from urticaria.
12. Differentiate Chancre. Chancroid and Herpes progenitalis.

PATHOLOGY.

San Francisco, Calif., August 6th, 1913.

(Answer Ten Questions Only.)

1. Describe the repair of traumatic injuries (a) non-infected, (b) infected.
2. Describe the blood changes in pernicious anaemia, and on autopsy, what changes are found in the bone marrow and in the gastro-intestinal mucous membrane?
3. What changes may take place in the mucous membrane of the stomach after death which may lead to error on autopsy unless taken into consideration?
4. Describe some of the conditions found in the newly born as the result of syphilis.
5. Name five diseases in which the relative number of leucocytes are increased, and five in which they remain stationary or are decreased.
6. Describe and locate the pathologic changes in amoebic dysentery.
7. Describe the conditions where sudden and serious oedema of the lungs is liable to occur.
8. How does the respiratory tract (nose, bronchi and lungs) protect itself against infectious bacteria, especially the tubercle bacilli, and under what circumstances does infection occur?

9. Describe the condition you would expect to find in the affected lung in a case of pleurisy (a) in a favorable case at the end of three days, (b) in an unfavorable case at the end of ten days.
10. Locate and describe the changes in the brain in bulbar paralysis. and describe the effect on other parts of the body.
11. Give pathology of arteritis and describe the results.
12. Describe the condition resulting from occlusion of the portal vein and give reason for the same.

BACTERIOLOGY.

San Francisco, Calif., August 7th, 1913.

(Answer Ten Questions Only.)

1. Name two gram negative bacilli associated with acute or sub-acute conjunctivitis. How do they differ?
2. What micro-organism causes glanders? Describe a potato culture of the same.
3. What is meant by an "acid-fast bacillus?" Name two examples of pathogenic acid-fast bacilli.
4. What culture and staining peculiarities would enable you to distinguish the diplo-coccus gonorrhae from the micro-coccus catarrhalis?
5. What is the agent considered at the present time responsible for the transmission of acute anterior poliomyelitis? (b) The transmission of yellow fever? (c) The transmission of malaria?
6. What do you understand by immunity—how classified—give an example of each?
7. What do you understand by a bacterial vaccine? (b) What do you understand by an autogenous vaccine? (c) What do you understand by a polyvalent vaccine?
8. What is diphtheria antitoxin? How does it differ from old tuberculin?
9. What micro-organism is considered the cause of syphilis—give a brief description?
10. If you were given the head of an animal suspected of having had rabies, how would you confirm the diagnosis?
11. Show, by drawing, that you would be able to distinguish (a) Bacillis anthracis, (b) Bacillis tetani, (c) Gonococcus, (d) Bacillis diphtheria.
12. What non-pathogenic bacillis that might be mistaken for T. B. is commonly present on human beings? How differentiated from T. B.?

HISTOLOGY.

San Francisco, Calif., August 7th, 1913.

(Answer Ten Questions Only.)

1. Describe a transverse section of the appendix. Make drawing.
2. What microscopic features would enable you to distinguish a section of the sub-maxillary gland from one of the pancreas.
3. What microscopic features would enable you to distinguish a section of the cortex of the ovary from a section of the cortex of the kidney? Make drawings.
4. Describe the microscopic features which would enable you to distinguish a transverse section of the duodenum from a like section through the colon. Make drawing.
5. What histological features would enable you to distinguish a section of the cerebellum from one of the thymus gland? Make drawings.
6. (a) Name all the different forms of sensory nerve endings (ex-

cluding the organs of special sense). (b) Motor nerve endings. (c) Describe two forms.
7. Compare a sebaceous gland, histologically, with a sudoriparous gland. Make drawings.
8. Describe the histological features that would enable you to distinguish a longitudinal section through a spinal ganglion from a transverse section through the spinal cord. Make drawings.
9. How could you distinguish a section through fat showing a transverse section of a medium-sized artery, from a section of lung showing a section across a medium-sized bronchus? Make drawings.
10. How does spermatogenesis differ from karyokinesis?
11. Name all the structures derived from the ectoderm or epiblast.
12. Define the following terms: (a) Osteoclast, (b) Mesoderm, (c) Oogonia, (d) Spermatid, (e) Spirem.

PHYSIOLOGY.

San Francisco, Calif., August 8th, 1913.

(Answer Ten Questions Only.)

1. What variations are found in the composition of healthy blood?
2. What is an isotonic solution, in comparison with the blood?
3. Describe the sounds incident to a normal heart beat.
4. Describe how variations in resistance to the flow of blood are regulated in peripheral blood-vessels.
5. Give examples of the following classes of enzymes: amylolytic, lipolytic, proteolytic, coagulating, activating.
6. What is the role of bile in intestinal digestion?
7. To what extent does the stomach perform the function of absorption?
8. What are the requisites of a normal diet?
9. What value have cutaneous and muscle reflexes?
10. What are the effects on the relations of the gases of the blood, due to alterations in atmospheric pressure?
11. What are the functions of the cerebellum?
12. Describe muscle sense.

ANATOMY.

San Francisco, Calif., August 8th, 1913.

(Answer Ten Questions Only.)

1. Give the topographical anatomy of the elbow. (b) Give the topographical anatomy of the hip.
2. Give the surface markings of the following organs: (a) spleen, (b) pancreas, (c) heart, (d) right kidney, (e) left kidney.
3. Give the relations of the internal iliac artery.
4. Describe the origin and course of the sixth cranial nerve.
5. Describe the ischio rectal fossae. What vessels and nerves are found in this fossae? Name the factors which predispose to abscess in this region.
6. What is the effect of paralysis of the median nerve? Of the ulnar nerve?
7. Discuss some of the phenomena due to enlargement of the thyroid gland with reference to the anatomic relation of the gland.
8. Describe the plan of distribution of the twelfth dorsal nerve.
9. Name the arteries and nerves which supply the duodenum. What veins drain this region?
10. Describe the lacrimal apparatus.
11. What nerves are likely to be involved in fracture of the middle fossae of the skull?
12. Describe the peritoneum. (b) What is its function?

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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Contributions, Exchanges, Books for Review and all other communications should be addressed to THE CALIFORNIA ECLECTIC MEDICAL JOURNAL, 818 Security Building, Los Angeles, California. Original Articles of interest to the profession are solicited. All rejected manuscripts will be returned to writers. No anonymous letters or discourteous communications will be printed. The editor is not responsible for the views of contributors.

C. E. M. C. ANNOUNCEMENT.

As an appendix to this issue we print the C. E. M. C. announcement for 1913-14. This publication has been delayed in order that it should show the changes brought about by the enactment of a new law governing the practice of medicine in California. It will be noticed that we now have a new department devoted to mechano-therapy, hydro-therapy, etc., and we rather pride ourselves on the ability of the men selected to give this instruction.

Such changes of curriculum make necessary new laboratory equipment so that the student may be aided as much as is possible in the pursuit of his studies. This apparatus has been ordered and it will be installed ready for use at the beginning of the term. The older laboratories have been refitted, bringing the entire equipment right up to date. The college surely has entered upon an era of prosperity.

THE NATURE CURE FOR TUBERCULOSIS.

Much has been said and written on the Cure of Tuberculosis. Furthermore, ninety-nine per cent of it is utter nonsense. The people have been half scared to death because this disease has been "over featured," as the architects say. They have been led to believe that it is readily infectious and that but a

small per cent recover. All kinds of quarantine are in force against tuberculous persons. Inasmuch as such measures are entirely useless, it follows that they are also unjust.

If we know anything at all about tuberculosis we know that it is more common than—say measles; also that the death rate is not as high. Over ninety per cent of the adult population have had tuberculosis and fully recovered without ever suspecting anything about it. Nature has effected a cure without the knowledge or aid of the doctors or any other men. Just how this is brought about in the body may be obscure and therefore interesting, but what the people really want to know is how to get well and stay well. Fortunately, nature's methods are not obscure, neither are they patented. Anyone who desires may use all of them freely and without price. The gist of the whole matter is that anything that will improve the general health will cure tuberculosis. This is the nature cure.

OBITUARY.

DR. HYPPOLITE LOUIS VANDRE was born 63 years ago in Bordeaux, France. He came to San Francisco with his parents at the early age of six and continued a resident until his death. He was educated in the public schools of the city and at the age of fifteen began the study of pharmacy with the late Dr. Rottanzi, Sr. After several years with Dr. Rottanzi, he spent several years in Dr. Lengfield's pharmacy. From there he went to Dr. Ralston's Eclectic Pharmacy, and from there he conducted the Homeopathic Pharmacy of Dr. Hiller, thereby becoming conversant with all three branches of pharmacy.

While serving as a pharmacist, he took up the study of medicine in the California Eclectic Medical College, from which he graduated in 1886. His first practice was in Amador City, where he obtained a practical knowledge of surgery, which was of great value in later practice. After a number of years in Amador he returned to San Francisco, where he kept in active practice to the time of his last illness.

He held the chair of Materia Medica in the California Medical College for one year. Dr. Vandre was a fine scholar, speaking French, Latin, Spanish, Italian and English; devoted to his profession; deeply interested in science; in religion a man of liberal views; passionately fond of his family; among his neighbors sympathetic, appreciative and friendly. He served this community skillfully, patiently and faithfully.

He died on August 6, 1913, and leaves a wife and three

children—Louis W. Vandre of Vallejo, Mrs. George Roussel of Belmont and Mrs. Viola Roussel—to mourn his loss.

He died in the faith of the Catholic church and his remains rest in Cypress Lawn Cemetery, San Francisco.

THE COLLEGE.

The Journal has been asked by a number of our readers to give some serious information in regard to the proposed "College of Surgeons" and the method of its forming. It grew out of the clinical congress of surgery held in New York last year. These clinical congresses were started by Dr. Martin, editor of Surgery, Gynecology and Obstetrics and a large number of doctors attended them, as clinics are always attractive and some of the most prominent surgeons in the country participated. The idea of forming a "college of surgeons" was sprung at the New York congress and met with the approval of the mob of those in attendance. It is said that a corporation was then formed, of which Murphy and Martin were two of the five directors, and the proposed name was thus legalized. The scheme was talked over all over the country quite naturally and a meeting was called to take place in Washington in May. It was generally supposed that this meeting was for the purpose of discussing the scheme and determining whether or not it was good and practicable, but the discussion part of it was quite an unnecessary idea; it had all been carefully arranged before hand. Dr. Ed. Martin took the chair, at the Washington meeting, and Dr. Franklin Martin was made secretary. Dr. Montgomery had been given a typewritten set of resolutions by Dr. Ed. Martin and these were promptly introduced. They called for the adoption of an order of business, reading of the proposed by-laws by the secretary and their adoption (or consideration) section by section, nominating committee, elections, etc. In spite of this resolution the chair declared the by-laws adopted as read in whole; they were not read section by section and no one had a chance to discuss them at all. A motion was made to have the chair appoint a nominating committee of three; an amendment was made to this, to have the nominations for the nominating committee made from the floor. This amendment was seconded, but the chair declared it "inexpedient" and then, without even putting the motion, announced that the motion to appoint a nominating committee of three was carried! This method of procedure certainly has the merit of saving time and words! Thus the "Great College" was born! Now the question arises, what good will it do? Every one licensed to practice medicine is or may be a surgeon; he has as much right to do surgery

as the biggest, and a good many of him is doing it and is going to continue. The only people who seem to be threatened with an examination are those who may come along hereafter,—and they do not need it so much as some of the founders! It is a personal and proprietary eruption into the domain of medical education and comes just at a time when proprietary medical schools are decreasing. Is it not another evidence of this unrest, together with the widespread desire to belong to something; to be "in" something that the other fellow is "out" of? It has yet to be shown wherein the College can do or proposes to do or has planned to do the slightest good except for permitting the use of some letters after one's name! And perhaps offering theoretical encouragement for one to study a little more and be more of a surgeon; but a real surgeon is doing that anyhow!—Calif. State Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on August 5th at 8 o'clock at the college building.

There was a large attendance and the evening was spent in profitable discussion.

Dr. Perce of Long Beach was present, and on behalf of Drs. Harvey, Newton, Perce and their wives, invited the Los Angeles County Eclectic Medical Society to be their guests for dinner on the next meeting night, which will be September 2nd, at 6 o'clock, in Long Beach. The invitation was accepted unanimously.

There being no further business, the meeting adjourned.

P. M. WELBOURN, Secretary.
H. C. SMITH, President.

SAN FRANCISCO COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the San Francisco County Eclectic Medical Society was held August 7th at 8 p. m. in the Pacific building.

A committee was appointed to draft resolutions in memory of our ex-President and ex-State President, Dr. H. Vandre, who passed to the higher life August 5, 1913.

Adjourned out of respect to his memory. Next meeting Sept. 4, 1913.

(Signed) A. F. TEMPLE, M. D.

COLLEGE NOTES.

Herbert T. Cox, M. D.

Clyde Roath is getting some practical work in a local sanitorium during the summer months.

M. E. Kerr has been spending a part of her vacation in Redlands.

J. A. Sasso has been trying his luck on the local real estate market and incidentally collecting a few shekels.

Prof. J. Fraser Barbrick has returned to the city and is again at the old stand. Prof. Barbrick will take in tow the whole of the eye, ear, nose and throat department, doing the lecturing and also conducting the clinics. The old stage is to be torn out and converted into dark rooms for this branch.

The college clinical department is to be greatly enlarged. A new clinic is to be established at the opening of college in the eastern and southern part of the city, where plenty of clinical material will be had. This clinic will work hand in hand with the already well attended one at the college.

Things are busy around the college nowadays getting into shape for the college year, which begins Sept. 15th, 1913. A new histological and pathological laboratory is being installed in the old Materia Medica room. This will now place each laboratory department in a swell equipped room of its own. Several hundred dollars' worth of new equipment has been ordered for use in the respective laboratories and will be in place by the opening of the term. Two large lecture rooms are being made out of the large assembly hall, which in the past has been the scene of so many enjoyable social gatherings of the student-body.

Don't forget now, Doctor, that college opens the middle of September and if you have been intending to get a young man interested in medicine, get busy and talk to him. This is his best year to start and the California Eclectic Medical College is fully prepared to take care of him and will guaran-

tee to keep him busy for nine months of each year for the next four years and you will not be ashamed of what he knows when he comes back to you.

NEWS ITEMS.

Died: Dr. H. L. Vandre, in San Francisco, August 5, 1913. Obituary elsewhere in this issue.

Died: C. A. Burcham, husband of Dr. Rose L. Burcham, at the Westlake Hospital, Los Angeles, August 15, 1913.

Location: Owing to the death of Dr. Vandre, there is a good location for a physician at 2935 San Jose avenue, San Francisco. Information can be obtained by addressing Mrs. Viola Roussel at the above address.

Location: Fifty miles from San Francisco on a railroad, population 300, good surrounding country and nearest physician seven miles away. This is an excellent opportunity for a physician who would establish a drug store as a side line.

Dr. M. E. Eastman, Weaverville, Cal., writes that he will be pleased to furnish information in regard to two good locations for Eclectic physicians in Northern California.

A busy doctor in Northern California, near the Nevada line, wishes to take a vacation for several months and is looking for a substitute.

Died: Dr. C. Wilbur Ray, Los Angeles, formerly of Whittier, Cal., and Mountain Lake, Minnesota, graduate Bennett Medical College 1885, died of heart disease in Los Angeles on August 10, 1913.

STATEMENT OF THE OWNERSHIP, MANAGEMENT, CIRCULATION, ETC., of California Eclectic Medical Journal, Published Monthly at Los Angeles, California, required by the Act of August 24, 1912.

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Average number of copies of each issue of this publication sold or distributed, through the mails or otherwise, to paid subscribers during the six months preceding the date of this statement. (This information is required from daily newspapers only.)

O. C. WELBOURN.

Sworn to and subscribed before me this 2nd day of September, 1913.

KATHRYN M. WILSON,
Notary Public in and for the County
(Seal) of Los Angeles, State of California.

My commission expires May 1st, 1917.

Thirty-Fifth
Annual Announcement
of the
California Eclectic
Medical College

337½ S. Hill St., Los Angeles, Cal.

Session 1913-1914

Regular lectures will commence Monday, September 15th, 1913, and will continue until Thursday, June 6th, 1914

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Oran Newton, M. D.----------Long Beach, Cal.
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Almo De Monco, M. D.------1010 Garland Bldg., Los Angeles
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Agusta S. D'Angelis, M. D.------337½ S. Hill St., Los Angeles
Instructor in Osteology.

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*Arranged according to seniority of appointment.

CALENDAR, 1913-1914.

First Semester.—Commences September 15th, 1913, closes January 31st, 1914. Thanksgiving Day, Holiday. Christmas vacation, December 22nd, 1913, to January 5th, 1914.

Second Semester.—Commences February 2nd, 1914, closes June 6, 1914. Washington's birthday, Holiday. Examinations in May, 1914. Commencement, June 6th, 1914.

ANNOUNCEMENT, 1913-1914

Thirty-Fifth Annual Term

The curriculum of the California Eclectic Medical College is graded and extended through a four years' course of thirty-six weeks in each year.

The next regular session begins Monday, September 15, 1913. The term is divided into two semesters of eighteen weeks each. The first semester begins September 15, 1913, and ends January 31, 1914. The second semester begins February 2nd, 1914, and ends June 6th, 1914.

Requirements.

The applicant for matriculation must possess a California high school diploma or its equivalent or pass a satisfactory examination to enter the college. Any one who has attended one or more terms in some other reputable medical or osteopathic college may receive credit for such time, and be given advanced standing.

Co-education.

The college is a co-educational institution and qualified students of either sex are admitted on the same terms. There is an important and growing field of usefulness for women physicians and they should have an equal chance with the men in preparing for their life work.

Individual Instruction.

It is only by individual instruction in the small class, where the student gets into close touch with the teacher, that he can do his best work and make the greatest progress. This relation between the teacher and pupil is not only an advantage in the class room, but applies with equal force to the laboratory, clinic and hospital. For serious work the small class is always preferable to the large one, as is easily proven, and is the method that is followed in this college for imparting instruction.

Lectures.

The opening lecture of the regular session will begin at eight o'clock Monday morning, September 15, 1913. Students are urged to come early and be present at the first lecture, so that no time will be lost. Not less than 80% of time in attend-

ance is required in each case and any non-attendance on lectures, except for a brief time and a good cause, will be marked against the absentee.

Equipment.

The college building, located at 337½ South Hill Street, is fitted up and furnished with everything that is necessary for giving a complete modern medical education. Fully equipped laboratories for chemical, histological, physiological, pathological and bacteriological work are provided for the use of students. A well-stocked reference library is open for service; and an abundance of dissecting material is available at all times.

Specific Medication.

The Eclectic School of Medicine excels in a rich materia medica that is represented by a full assortment of Specific Medicines, conveniently arranged in a handsome glass cabinet, presented to the college by the Lloyd Brothers, of Cincinnati, Ohio. Each remedy is furnished in dual form, the crude drug and tincture, which are open for inspection and used in the study of materia medica and therapeutics.

Climatology.

The curriculum includes a chair on Climatology as a separate department, which is a new feature in medical teaching. General climatology is taught, but special attention is given to the Southwest, by a description of its peculiarities and benefits and explains how it influences the action of remedies and modifies diseased conditions.

Dispensaries and Hospitals.

It is always desirable to combine didactic and clinical teaching to make instruction in medicine and surgery most effective. This important requirement is fully met by the patients who are treated at the college dispensary and free clinic, as well as at the County and Westlake hospitals, to which the students have access.

General Clinics.

The opportunities for receiving clinical instruction are better than usually falls to the lot of medical students. Such an experience is eminently satisfactory and of inestimable value to the young physician. Daily clinics are given at the college during the entire term and each student is expected individually to examine, diagnose and treat all kinds of diseases. Our stu-

dents also have the exclusive use and benefit of the general clinics at the County Hospital held every Saturday forenoon. The clinics at the Westlake Hospital are individual and on assignment. Out-patients are visited in their homes, and altogether the student gets a practical course in medicine before he leaves college.

Surgical Clinics.

Surgical cases are also examined by the students under the direction of the surgeon in charge. They are taught the technique of surgery and are required to assist at operations. They are likewise taught how to give anesthetics. It is the custom to furnish each senior student as many obstetrical cases as possible, which enables the undergraduate to acquire a knowledge of midwifery.

Faculty.

The faculty is composed of educated men and women who are interested in their work and spare no pains in presenting their subjects to the several classes in the most effective manner. Every branch of study in the curriculum receives a share of attention and has a competent professor to instruct the students on what they most need to know. The faculty includes teachers of the best type, physicians of prominence and surgeons that are the peer of any.

College Building.

The college building at No. 337½ South Hill street is within one block of the business center of the city, and is accessible to all car lines, both city and interurban. The building is new and adapted to the use of the college. It is not only centrally located, but is in a clean portion of the city. Good living accommodations can be obtained at reasonable prices.

Requirements for Graduation.

To be eligible to receive the degree of doctor of medicine the student must be twenty-one years of age and possess a good moral character. He must have completed all of his laboratory work and passed a satisfactory examination in every study included in the full course of instruction. He must have pursued the study of medicine for a period of not less than four years and have attended four full courses of medical lectures, the last of which must have been in this college.

Graduates of other reputable medical or osteopathic colleges wishing to take a degree in this school, must regularly matriculate and do all the work that is required in this school and not in the school that previously granted the diploma. The shortest term of residence for such a graduate is one year.

Fees.

Matriculation (paid but once)	$ 25.00
Tuition, first year	100.00
Tuition, second year	100.00
Tuition, third year	100.00
Tuition, fourth year	100.00
Demonstrator's ticket (first and second years, each)	10.00
Chemistry, histology, pathology and bacteriology, each	5.00
Graduation	25.00

All fees must be paid in advance.

WHAT IS ECLECTICISM?

Eclecticism represents reform and progress in medicine. It began many years ago as a protest against abuses that were practiced on the sick. Patients were shut up in close rooms and denied fresh air and were refused water when they were thirsty or needed a bath. They were made to submit to the bloody practice of venesection and had to endure the horrors of blisters and salivation. After years of opposition to bigotry and intolerance and the unnatural and injurious practice of the dominant school, Eclecticism finally won recognition and succeeded in introducing many improved methods of caring for and treating the sick.

The name Eclectic was selected to designate the new practice, because it contained in one brief word the liberal doctrine of choice. It advocates no narrow dogma nor selfish motive, but proclaims freedom and independence and a square deal for all. There are many systems of healing in vogue, each of which contains something good, but not any one of them is perfect. Eclecticism takes the good it finds from all sources and uses it for the benefit of the sick. Its aim is to get good results and whatever will relieve and cure the patient is used, no matter what its source.

Eclecticism stands for a rational, common-sense system of medication. It strives to avoid all harmful extremes and seeks the safe middle ground of practical experience. In the Lloyd Specific Medicines and the practice of Specific Medication modern Eclecticism has a system of therapeutics that is unparalleled in the history of medicine and stands today without a rival. The Specific Medicines have a definiteness and certainty of action that is not possessed by any other pharmaceutical preparations. Instead of being prescribed for some disease, or the name of a disease, every remedy in the Eclectic materia medica corrects some particular disordered function or organ of the body. In this manner most diseases are cured before any serious pathological condition has time to develop.

These remedies are not only used by Eclectics, but because of their great value have been adopted by physicians of every school of medicine. There need never be any failure in the practice of medicine if the symptoms of a disease are understood and the proper indicated remedy is selected and administered.

Even if the medical profession is said to be overcrowded, the qualified Eclectic need have no fear of the future. There is a loud call for Eclectic physicians, from all over the land, but the supply of men is not sufficient to meet the urgent demand. No field of activity offers greater inducements to the ambitious young man than does the study of Eclectic medicine. Many desirable places stand open and ready to welcome him to success and fortune, that for lack of men remain unoccupied. The cry is for more men. Let the ranks be filled!

ECLECTIC MATERIA MEDICA

Presumably every plant that grows possesses some medicinal value. Many herbs have already been investigated and their therapeutic properties ascertained, and whenever a new plant is found to be useful it is added to the list.

A knowledge of plants is only obtained by study and observation, and experience proves their value. Some medicines are poisonous and dangerous in large doses, but are useful as curative agents in small doses. Sometimes disease needs to be forced and a powerful drug is required to produce the desired effect, but more often the mild remedy is sufficient and is always preferable if it will do the work. Nature is conservative in her methods and can usually be more successfully coaxed than driven. But whatever be the character of the drug employed it should be first thoroughly tested and understood before it is given.

The value of Eclectic remedies has been proven by many years of experience, and what has once been proven to be good must be good for all time. A new remedy cannot be tested off-hand, but requires time to establish its worth. Having found out that vegetable remedies are so successful and satisfactory, it is not necessary to keep changing them for something new, except by adding new ones to the list. Many years ago the old school changed from harsh medication to no medicines, and after that adopted in succession the synthetic drugs, coal tar derivatives and animal serums, and are now especially engaged with the latter and willfully ignoring, through prejudice and a lack of knowledge, vegetable remedies. These fads undoubtedly contain something of value, but are yet in the experimental stage and not proven.

The Eclectic school of medicine has always taken the lead in plant-drug investigation, and has about two hundred proven remedies, which are prepared in fluid form and known to the profession as Specific Medicines. They are manufactured by Lloyd Brothers, are uniform in strength and always reliable. Each one of these remedies has some specific use and their employment in the treatment of disease gives the Eclectic physician an advantage over every other system of healing. The Lloyd Brothers have presented to the California Eclectic Medical College a full line of their Specific Medicines in a handsome glass cabinet for the use of its students in studying materia medica and therapeutics. Each remedy is furnished in a dual form—a dried specimen of the flower, leaf or root in one bottle and the finished product of the laboratory in a companion vial. This arrangement enables the student to learn at first hand and at one time the physical and medical properties of drugs. There are good reasons for believing that the sphere of plant-drug investigation will again enlarge. In response to a popular demand the government has opened laboratories for plant-drug investigation and recently issued three bulletins on the subject for the information of the public. If the doctors do not have the desired information somebody else must furnish it, as the people are interested and want to know.

COLLEGE BOTANICAL GARDEN

The Botanical Garden of the California Eclectic Medical College is located out of town near the village of Compton, half-way between Los Angeles and Long Beach. It contains three acres of land and has a variety of soils, but consists mostly of a rich, sandy loam. It has a real brook of running water, which is fed by a cienega or natural spring. The presence of this permanent body of fresh water adds to the interest of the place and makes it possible to grow a greater variety of plants. The garden was begun seven years ago as a private pleasure ground and park, but after the college was brought to Los Angeles more attention was given to the cultivation of plants—trees, shrubs and herbs—to aid in the study of medical botany and vegetable materia medica.

Many native wild plants were already found growing on the ground when the garden was started, and to this small beginning other native and foreign medical plants were added as they could be procured. These plants furnish fresh specimens for the study of medical botany by the materia medica class, which helps to familiarize the student with medicinal herbs in their natural state.

It is also employed to teach the students practical pharmacy. In their proper season different plants are gathered

and tinctured in the college laboratory and used in prescribing for the sick in the daily clinics. This work pleases the students and gives them a practical knowledge of drugs that they could not acquire in any other manner.

LABORATORIES

Chemical Laboratory.

There is no question but that our chemical laboratory is thoroughly equipped in every particular for all the work usually done in the best medical colleges of our land, in the departments of inorganic, organic and physiological chemistry, including qualitative analysis and urinalysis.

It is our belief that a practical, well-systematized working knowledge of chemistry is just as essential to the modern physician as is mechanics to the engineer or drafting to the architect. Instruction in this department extends over the entire freshman and sophomore years and is conducted by lectures, demonstrations, recitations and individual laboratory exercises.

Bacteriological Laboratory.

The work in the bacteriological laboratory is entirely individual and sufficient equipment has been installed for this purpose. Each student is assigned to a large desk equipped with running water and gas. There is also supplied an individual equipment consisting of steam sterilizer, water bath, bunsen burners, petri dishes, test tubes, fermentation tubes, stain bottles, pipettes, thermometer, wash bottles, beakers, graduates, etc., etc. Each student supplies microscopic slides and cover glasses, platinum wire and cover glass forceps. The general laboratory equipment consists of hot air sterilizers, incubators, microscopes, stains, etc.

Histological and Pathological Laboratories.

The histological and pathological laboratories have been thoroughly overhauled and moved to more commodious quarters during the vacation interval. In these laboratories the work is individual and a thorough drill is given in the study and identification of normal and diseased tissues, by means of microscopic work, drawings and lantern slides, supplemented by the usual lectures and quizzes. The laboratories contain a full equipment of microscopes, sectioning apparatus, embedding baths, warming ovens, incubators, stains, chemicals, etc. Special stress is laid upon the practical part of this course endeavoring to make of our students practitioners who will be thoroughly equipped for their profession by being able to bring to their assistance all the various laboratory aids to diagnosis.

Physiological Laboratory.

This laboratory is no exception among our laboratories, as it is thoroughly equipped and much apparatus has been added during the vacation interval in anticipation of the coming school term. The work is largely individual insofar as it is practical, but ofttimes it is necessary to work in pairs or groups in order that one student may be operator and another subject, in which case the experiment is always repeated and the positions reversed. Full records of all work are kept in permanent form by means of charts, drawings, smoked paper records, etc. Again we wish to call attention to the practical side, because it is here that the student is taught the expert use of many of the instruments used in clinical diagnosis, with the correct interpretation of the results obtained.

SUMMARY OF COURSES

Hours

Subject Groups	Freshman Didactic	Freshman Laboratory	Sophomore Didactic	Sophomore Laboratory	Junior Didactic and Clinic	Senior Didactic and Clinic	Total
I							
Anatomy	216	150	108	150	90	...	714
Embryology	60	12	8	...	...	...	80
Histology	90	70	...	...	...	...	160
II							
Elementary Chemistry and Toxicology	72	48	32	...	...	...	152
Advanced Chemistry	...	...	108	72	...	...	180
Physiology	108	72	108	...	...	...	288
III							
Bacteriology (Elem and Advanced)	...	...	36	180	...	...	216
Hygiene and Climatology	72	...	...	...	...	34	106
Pathology	...	...	108	...	272*	...	380
IV							
Materia Medica	108	...	108	...	...	...	216
Pharmacology	...	...	80	...	...	...	80
Therapeutics	...	...	54	...	...	...	54
V							
Dermatology and Syphilis	...	...	...	...	36	...	36
Genito-Urinary	...	...	...	...	...	36	36
Pedriatics	...	...	...	...	...	112	112
Nervous and Mental Diseases	...	...	...	...	72	72	144
General Medicine	...	...	...	...	216	216	432
General Diagnosis	...	...	...	...	90	90	180
Specific Medication and Diagnosis	...	...	...	...	108	108	216
VI							
Laryngology, Otology, Rhinology	...	...	...	...	...	51	51
Ophthalmology	...	...	...	...	...	51	51
Surgery and Surgical Diagnosis	72	...	72	...	108	108	360
Surgical Clinics	...	...	...	...	144	144	288
Orthopedic Surgery	...	...	...	...	45	....	45
Physical Therapy, including X-Ray, Electro-therapy, Hydrotherapy, Radio-therapy	...	...	...	...	108	117	225
VII							
Gynecology	...	...	...	...	72	72	144
Obstetrics	...	...	...	...	78	78	156
Medical Jurisprudence	...	...	...	...	...	25	25
Ethics	...	...	...	...	...	5	5
Anaesthetics	...	...	...	...	3	...	3
Totals	798	352	822	402	1442	1312	5135

*Pathological Laboratory 218 hours.

TEXT BOOKS

Anatomy—Gray, Cunningham, Morris.
Physiology—Brubaker, Kirke.
Pediatrics—Mundy, Kerr, Holt.
Chemistry—Holland, Simon, Purdy, Hawk.
Materia Medica—Ellingwood, Fyfe, Felter-Lloyd, Locke.
Surgery—Hubbard, Howe, Binnie.
Practice—Thomas, Scudder, Webster, Ellingwood.
Diagnosis—Musser, Webster, Butler.
Obstetrics—Wintermute, King, Williams, Edgar.
Gynecology—Stephens, Montgomery.
Ophthalmology—Foltz, Ball, Miller.
Histology—Bailey, Bohm-Davidoff and Huber.
Pathology—McFarland, Delafield and Prudden, Adami.
Dermatology—Fox, Stelwagon.
Climatology—Huggard, Hann, Henry.
Hygiene—Bergey, Harrington, Egbert.
Medical Jurisprudence—Draper, Chapman.
Bacteriology—Jordan.
Dietetics—Pattee, Thompson, Benedict.
Mental Diseases—Gordon, Church and Pederson.
Electrotherapeutics—Bigelow, Elliott, Haynes.
Specific Diagnosis—Scudder, Lloyd, Neiderkorn.
Hydrotherapeutics—Kellogg.
Dictionaries—Dorland, Gould.
Nose and Throat—Foltz, Gradle.
Genito-Urinary—Bang and Hardaway.
Minor Surgery—Wharton.
Embryology—Bailey and Miller, McMurrich.
Hydrotherapy—Deffenbaugh.
Radiotherapy—Freund.

POST-GRADUATE AND QUIZ COURSE.

The Policlinic has been merged into the general work of the college and has become the Post-Graduate Department and Quiz Course. This includes a review of all the state board subjects, as well as a special clinical course in every branch of the curriculum.

It is advisable for all physicians who expect to take the state board examination to matriculate regularly for the term and devote their entire time to state board subjects, which are anatomy, chemistry, histology, bacteriology, physiology, pathology, hygiene, diagnosis, obstetrics, gynecology, materia medica, general medicine and surgery. This is particularly true of men who have been out of college for several years and are

not teachers or specialists in these branches. The recent graduate, who is just fresh from college, may require only a general review to refresh his memory, but the practitioner who has, perhaps, never taken a complete course, or has forgotten what he once knew, needs to go over every one of these subjects thoroughly to qualify himself to pass a successful examination before the state board. Any one who attempts to "cram" for this ordeal usually finds himself disappointed. The average mind is only capable of grasping and retaining a limited amount of knowledge in a given time and an attempt to do too much is almost certain to result in a failure. The candidates who make the best records are those who have taken the full preparatory course, and our advice to prospective candidates is to pursue this method.

A practical course is given in medicine, which teaches the student to understand symptoms and disease and learn how to prescribe the indicated remedy. In this course physicians are taught in a few weeks what would take years to learn by experience. The influence of climate is also taught, how it modifies disease and the difference it makes in the treatment of disease. All such general clinical knowledge is important, but is of especial value to the physician who intends to locate in this locality.

There are also courses in general surgery and operative gynecology for those who desire to increase their fund of knowledge and skill in these subjects. Improvements are being made constantly in surgical science and the modern surgeon has to keep posted on the latest discoveries. It likewise enables the recent graduate to increase his stock of clinical experience.

Our college and hospital clinics are exceptionally good, both in medicine and surgery, and furnish all kinds of cases for class demonstration. Physical diagnosis is fully taught and all deficiencies found are clinically demonstrated.

The fees range from $25 for a six weeks' course on a single subject to $100 for the entire course. Dissection and laboratory fees are extra. Only graduates in medicine are eligible for post-graduate work.

An appropriate certificate is issued to each student who completes the course.

For further information address

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Original Contributions

APPENDICITIS AND HOSPITAL.

Dr. C. L. Murray, Sacramento, Calif.

Read before the Eclectic Medical Society of the State of California.

The controversy among physicians of all schools concerning the treatment of the so-called appendicitis is of public as well as individual interest. It is not my purpose in this paper to discuss the antecedent history of the Appendix Vermiformis, whether it is rudimentary or unrudimentary, or whether nature had on hand a surplusage of material when forming the caecum and colon, and could not otherwise dispose of it; or whether it has a specific purpose in physiological economy. There are those in the scientific world who say it has a specific purpose. There are others who regard it as a standing menace to bodily welfare and make a virtue of destroying it. There is one thing apparent that nothing in all the range of medical history, which has created such widespread disturbance and thrashed the great sea of medical practice into billows of froth and foam, throwing up such a mist as to obscure the recognition of any other disease below the diaphragm. It is this fact, and the forestalling of careful diagnosis, turning surgeons into mere cutters that make it necessary to lift the mantle and show the tricks of professionalism dominated by commercialism, which is the characteristic feature of this age whether medical, political or religious. It is not necessary to have the eye of a lynx in casting over the last forty years to recognize the tendency of all majorities to run into monopolies, syndicates and huge trusts and with a disregard to everything honorable and fair and adopt those means which put the minorities to a disadvantage.

No where among men is this disposition more apparent than in the old school of medicine. Taking advantage of numbers and wealth, it labels a system scientific, fosters it with a laboratory and hospital, overbears the public and by political trickery, creeps into enlargement under the plea of taking

care of the welfare of the people and closing the doors against all others under the pretense of being ethical. The laboratory on the one hand and the hospital on the other are doing their work to divert the mind from the consideration of the great world of therapeutics. Were it not for the protection the hospital affords and the stimulation it gives to the mercenary spirit, there would not be one operation for what is called appendicitis where now there are twenty and a less percentage of mortality. They would be delegated, as they ought to be, to the domain of medical treatment. And why not? It may be subject to inflammation as any other organ of the body. If a seed, or any little foreign body is lodged there, causing trouble that cannot be reached by medical treatment, then the proper thing to do is to cut the little thing off and see if the body can get along without it. But the seed or a foreign body as a cause has been abandoned. Morris of New York holds that bacteria as a cause and is the other operator and it is a question of whom is the successful surgeon and the signal is to begin the rivalry at once and the surgeon to put to shame this bacterial operator. This is mere guess work and is put forward as an excuse for wholesale operation.

The seed or foreign body as a cause would reduce the necessity of cutting to one in five millions of the human race. Another cause must be found or else put up the knife. If the inflammation is the result of a blow, or kick, the tissues in the right iliac space are all more or less affected and to a greater degree than the appendix itself and is consequently sympathetic. Its location is peculiar. If it secretes a fluid as some physiologists claim to help the caecum do its work, it is near enough to be helpful and remote enough to be menaced only in rare cases with the caecum's difficulties. This carefulness on the part of nature might suggest the importance of some physiological function.

There is certainly no organ in the human body needing the constant help to perform its functions than the caecum. It has to contend with all the undigested trash, as all kinds of seeds, fruit skins, cholestrine, gall stones, pieces of onion that may spread inflammation over the entire abdomen, menaced as it is by such close relation to the caecum. It is also true that no internal organ is placed so advantageously for local treatment, such as hot or cold applications, embrocations, massage and the electric current. It is also fortunately located so as to be sympathetically affected by remedies which have a specific action upon all the adjacent structures.

In view of these facts, wisdom would suggest exhaustive treatment before using the knife. Surgery has its own domain

and so long as it keeps within its own boundaries saves human life. It came into the great field of the world's necessities, has corrected the bad and bunglesome work of nature; has, in many instances taken the deformed body and put it into physiological harmony, made the crooked straight, the crippled supple, opened the blind eyes, made the deaf to hear, straightened the crooked spine, taken the pressure from the brain and made the dumb lips eloquent. Within its own domain it wields a merciful power like the touch of an overseeing God, and its domain begins where the possibilities of therapeutics ends.

The fact is, that from the nature of its achievements it is spectacular and heralds its own exploits attracting the attention of the multitudes. So overwhelming is the impression made on the susceptible mind that to be cured, or attempt to be cured by the unostentatious medical plan, in contrast with weeks in a hospital where trained nurses take temperature, count pulse, use bed pan and urinal under the glare of the knife, is too tame, starts no fads and is not popular. To be operated upon is heroic and carries with it a double glory; it lifts the operator into the limelight without ethical censure and classes the patient with the army of hospital patrons. It affords a perpetual subject for social gossip in the parlor and on the street. If a woman, she is not in it without she has lost her appendix or one or two ovaries and in addition parted with fallopian or two. Though a walking wreck and a bundle of excruciating agony, bloodless and emaciated, as we meet every day, she still prides herself in being one of the four hundred mutilated fragments sweltering in this nonsensical surgical craze.

Thousands of operations, spectacular in their nature, with the hospital ever ready to encourage by its privacy, and the supposition that the best care will be afforded, excusing failure on the one hand and exploiting success on the other has evoluted a sort of neurosis similar to the dancing mania, tarantism, St. Vitus dance presented by Paraceleus in the thirteenth and fourteenth centuries and the Convulsionares of the seventeenth and eighteenth centuries. All along the ages for a thousand years and further back we have varied mental malady cropping out in different countries under different conditions. Sympathetic influence has always been a powerful factor in propagating and spreading the craze whatever it may or might have been. Looking upon one who was supposed to have been bitten by the Italian tarantula caused them to have similar convulsions. The convulsions of a factory girl in Hodson Bridge, Lancanshire, in 1787 caused by a mouse being thrown into her bosom by another girl became the cause

of similar convulsions in twenty-five others, many of whom were miles away and only knew it by report. The same sympathetic influence works today. A different form on a different plane, to be sure, but no less a neurosis—a mental malady. This could be inferred even from a superficial study of the philosophy of human life. Nature has no breaks in the continuity of passing generations of the different races of men, however different in physiological development dependent upon varied environments. The nervous system always responds to formative and progressive forces and has historical as well as philosophical unity. This is demonstrated every day. From the hospital comes a patient who has undergone an operation for so-called appendicitis, and as he did not die his life was credited to the operation. Through sympathetic conditions many others get a pain and in all the communities where they have a hospital, or can reach one, the craze spreads and is fostered. Multiplied deaths cut no figure in restraining them. In no field of surgery in the last twenty years has there been so many glaring blunders as under the name appendectomy. Operations for appendicitis have been proven at the autopsy to have been pneumonia, others it was pregnancy, others it was enlargement of the stomach, others displaced kidney, ovarian neuralgia, abscess of liver, cancer transverse colon, rectal ulcer, removal of appendix for indigestion and heaven knows how many other fatal blunders hidden away under the protection of the hospital. No wonder we hear everywhere in ridicule and rebuke, "What is the use of going to war if you want to die?" Get a pain somewhere in your abdomen, get the $150 dollar knife put into you, which may not take but an hour or two and you may get carte blanche for the other world. To use the knife when it is needed, and it is always needed where there is pus formation, and is a messenger of mercy, and no unprejudiced physician will oppose it, but to use it to gratify a whimsical fad is neither creditable to the individual nor honorable to the hospital which encourages it. The hospital as organized and controlled by the dominant medical majority is a huge conscienceless graft second to none in the United States, and its open door for the money in it inhibits careful discrimination and intelligent diagnosis. As a result, the scalpel has become a Macbeth's dagger—the handle is towards the hand and the cutting craze says: "Come, let me clutch thee, and on its blade and dudgeon gouts of blood which was not so before." It is safe to say that there is not one case in fifty, aside from graft, that would have suggested to it the hospital and that would not yield to medicinal treatment internally and applications locally. Sev-

enty-five per cent of what is assumed to be appendicitis is impaction of fecal matter about the caecum and lodgment of indigestible material. Inflammation, of course, may result, structures are thickened, the entire iliac space may be filled. Remove this engorgement and your vaunted appendicitis vanishes and your patient is well. Hundreds of cases are being treated and cured by hundreds of physicians whose practice reaches through a period of thirty or forty years without the use of the knife.

This neurotic craze started as a fad and has been encouraged by the hospital system, which has been taken advantage of and managed by the unscrupulous medical majority and pushed to the extreme of commercialism. Its standard of ethics is a very marked modification of the Golden Rule and fits in nicely with the ambitious greed and graft. Instead of doing as you would be done by, it practices and teaches doing others to the extent that they cannot do you. It is a marvel of consistency only equaled by its sly cunning. It is unethical for the individual physician to exploit himself in the community, but he and his fellows can start a hospital and make it the center of self-aggrandizement and exploitation without censure.

The public by degrees is awakening from its indifference. Reaction is the logical and inevitable outcome always of persistent abuse of the power of majorities. Medical treatment will be put back on its throne for the benefit of mankind and rebuke the intolerant bigotry which refuses to learn of the methods which cure the afflicted and saves men from filling our graveyards. Forty per cent of deaths of pneumonia, in contrast with five per cent, shows the difference between ice bags and serum of the old school and the rational treatment of the new school. The first appeals to the undertaker and the cemetery man, while the latter inspires hope and confidence that life may be lived. There is no organized body of men that needs to be looked after and investigated more closely than the hospital organization of the United States manipulated by the A. M. A. The history of the hospital is interesting and dates back thousands of years before Christ. It is interwoven with all the great religions of the world. Under the Buddistic religion hospitals were formed throughout all India and it is said that the temple of Aesculapius 1134 years before Christ was devoted to the care of the poor and the sick, and since the birth of Christ and the influence of his teachings, the care of the helpless and poor has run parallel with all the progressive movements characteristic of the new civilization. The hospital has a varied history, and like all things that

grow old, except old men, need overhauling, recuperation and the elimination of corruption. This world has always been a sick world and under the softening influence of humane teaching, there is opened up a field for noble enterprise infinite in scope and unlimited as to duration.

Because the field has been occupied by a conscienceless majority and developed into a stupendous embodiment of financial corruption and with the greed that graft always cultivates, is using every means that wealth, great numbers and political trickery can devise to perpetuate their present dominant position, is no reason for eclecticism, which embodies all the possible curative agencies in the world, to be indifferent, but rather rise up in the majesty of conscious efficiency and assert the inalienable right which belongs to a medical system that heals the sick and stops the ravages of disease.

What Eclectics need is individually and collectively to have an enthusiastic pride in their work and fling their banner of aggressiveness to the breeze confident that where humanity needs help either in the great field of surgery or in the broader field of therapeutics, Eclecticism is equal to meet all demands and emergencies which can arise in a world that has always been sick.

ELECTRICITY IN CANCER OF THE WOMB.

By Dr. G. W. Harvey, Big Pine, California.

A few weeks ago a lady came to me complaining of a very bad odor from the vagina, and said that she was constantly unwell and had been for two years or over, and had always to wear a napkin.

Examination revealed a cancer of the womb, involving one side from the meatus to the fornix vaginae. There were a number of small blood vessels eaten off and oozing blood, which accounted for the constant flow as she supposed it was. The examination provoked quite a hemorrhage from these open blood vessels and the stench was something frightful for esthetic olfactories to endure. I cleansed the ulcer with acetic calendula, made by macerating the fresh flowers of the calendula in pure cider vinegar for six weeks and then filtering. When thoroughly cleansed I applied a pledget of cotton moistened with saline solution and saturated with the acetic calendula, directly to the cavity of the ulcer, and placed against this the positive pole of the galvanic battery, with the negative pole over the abdomen, and turned on thirty to forty miliamperes for twenty minutes. This treatment sealed the cotton directly to the ulcer, where it was allowed to stay until

it came away of its own accord, which is generally about forty-eight hours, when the same application was repeated.

The stench and the hemorrhage both disappeared with the second treatment, and what appear to be healthy granulations took their place and have continued to this writing, with a constant but slow diminuation of the size of the ulcer, which is apparently going to heal in a normal way.

It is altogether too soon to tell whether it is really going to be a cure or not, but anything that will remove the hemorrhage and stink from a cancer so quickly and permanently as this seems to have done should certainly be known to every Eclectic in this broad land.

In addition to the electricity I have been giving the constitutional remedy, which in this case is the cal. carb. 3x, three tablets four times a day.

VIRES VITALES SUSTINETE.

By Albert J. Atkins, M. D., San Francisco.

Read before the California Eclectic Medical Society

Over this symbol ever hangs the Greek Lamp of Truth. This was taken by the early fathers as the fundamental symbol of truth for which Eclecticism was supposed to stand and today we find it embellishing the front page of our present program. I am glad to see this symbol occasionally and to find it stamped on our literature, even though its meaning is almost lost to the student who studies Eclecticism of today. To sustain the vitality means to study the vital principle of life, a proposition almost unknown and avoided by all schools of the healing art as abstruse, unworthy and having no place even among Eclectics. In my opinion it is right here that Eclecticism has met its fundamental waterloo, causing it to become a school of mediocrity instead of being a world power as it should have been had its teachers been true to their study of the vital principle.

Instead, we have followed other Gods. One of these has been specific medicine. Specific medicine, good and true as far as it goes, but it is not "the whole show" in the study of the healing art, but right here Eclecticism allowed itself to become hypnotized with this one phase of truth and it has advanced no further. Today we are the least of schools with our powers constantly waning for the reason that specific medicine has not been sufficient to keep the vitality of our institutions sustained. I deplore this fact because I have always been an Eclectic and expect to be until the end. Today we are in a transitional stage of medical evolution and surrounded by

many cults of the healing art. Each of these cults have their good points and the time will come in the not far distant future when all these points or fragmentory phases of truth will be woven into one great chain of truth. Upon this truth will be founded the ideal school of medicine or the healing system, which will last and be worthy of the attention of true of the subject.

All cults, no matter whether they have brains or not, no matter whether they spend five years or three months getting in tune with the Lord, claim to cure disease. However broad these assertions (especially at the Wednesday night advertising meetings), I am constrained to believe that they and most other students and grafters are honestly mistaken. Why? Because, fundamentally it is the vitality inate underlying all nature that cures disease no matter what assumptions may be made by prating ignorameses and intellectual misfits. In the last analysis nature alone is the great physician, healing largely without drugs. For this reason alone there is room for the wildest ass of the desert or the most flagrant charlitan to make good and collect his fees, then snap his fingers in the eyes of the honest doctor, telling him to seek a warmer climate for his health.

Nature alone is the author of vitality, that peculiar something which we all know exists, but which cannot be analyzed nor tabulated, no matter whether the scientist assumes the cloak of the university or is plain Christian—it matters not, for nature goes serenely on her way making men and women, giving them pains and aches for the doctor to cure and no man knows just who is playing the fool part better than the doctor himself.

THE PRACTICE OF MEDICINE.

Dr. H. C. Smith, Los Angeles.

Read before the California Eclectic Medical Society.

This is a subject the Eclectics may ponder well and with distinct advantage at the present time. If the bill which passed both houses of the California legislature just closed, becomes a law, they, and the homeopaths as well, will lose their identity as sectarian practitioners and become, instead, "practitioners of medicine and surgery." All satisfied? Then consider this:

Some few weeks ago Dr. John B. Murphy, for the sake of his health, and other reasons best known to himself, journeyed from Chicago Illinois, to Pasadena, California. During the process of recuperation, he met with some other members of

the august body of which he was recently president, and planned the organization of an American College of Surgeons, similar to the British Royal College of Surgeons. After his return to Chicago, he, with a number of other prominent surgeons of the United States, met and perfected that organization. In their enthusiasm (if newspaper reports are correct), they made the statement that "within two years from the date of organization of this body, none who had not been licensed by it would be permitted to perform a major surgical operation."

To those of us who are not enthusiastically optimistic this means that after two years we shall have become automatically abbreviated to "practitioners of medicine."

So much for an "irregular's" chances as a surgeon in future. That doesn't particularly interest me, as I do no surgery, excepting minor surgery, with emphasis on the "minor." But I have paid some attention to the "handwriting on the wall," as regards "practice of medicine." The handwriting is up where "those who run may read." From an article on "Medical Sectarianism," in the J. A. M. A., February 1, 1913, by Dr. John B. Nichols, containing a great many other things which could well be cited if time permitted, I quote:

"The general tone of sectarian literature and thought is one of shallowness and superficiality, generalities and mysticism." * * * "Mercenary motives also play a large part in inducing practitioners to adopt sectarian affiliations." * * * * "The less prolonged and less exacting courses of education required in most sectarian schools also lead many would-be practitioners to take that easier and cheaper road to practice." Now come statements that contain sufficient truth that they should shame every Eclectic, whether he be loyal or disloyal to Eclecticism, viz: "At present, in sects that have had a flourishing existence, we can perceive evidences of decline and approaching dissolution, while new sects are springing into existence and developing with great vigor." * * * * "The Eclectic medical system, which now has six colleges and some following in certain parts of the country, was originated about 1830, chiefly by a group of Thompsonian and Botanic practitioners who set out to reform medical practice. The claim that the great revolution in regular medicine effected in the nineteenth century, was due in any material degree to the efforts of the Eclectics or other sects that arose about that time, can not be substantiated, as the history of the great movements in medical science then taking place in Europe does not reveal any influence exerted by a few American schismatics. Many of the principles professed

by the Eclectics are quite admirable; but they have nothing to offer in the way of resources, methods or principles that regular medicine does not possess, and the continued existence of the Eclectic sect seems simply the perpetuation of a name and organization, after the reasons that may have originally called it into being have ceased to operate. Its schools are rapidly diminishing in number. Several of them have recently dropped their sectarian character and become regular, and many Eclectic graduates have joined the regular ranks."

While the writer of the foregoing is in error, as to both the date of origin and the originators of Eclecticism, and those of us who have studied both regular and Eclectic medicine know that he errs when he says Eclecticism "has nothing to offer in the way of resources, methods or principles not possessed by regular medicine;" there is so much truth in the last two sentences of my quotations that it is nauseating to contemplate. Diminishing schools, diminishing students, diminishing practitioners, and desertions from our ranks and our societies to regular societies.

I say (desertions to) "regular societies" in contradistinction to "regular practice" advisedly. Any one of you knows several Eclectics who are rather ashamed of the fact, and who hobnob with regulars exclusively, and yet I venture the assertion, without fear of contradiction, that everyone of them continues to practice specific medication.

I am acquainted with one Eclectic graduate who has held various offices in the A. M. A.—once president, if I remember correctly—who, in conversation with me, denied any advantages from his Eclectic training, but who, in teaching his classes in the medical department of a State University, frequently taught Eclecticism and advised the use of Eclectic remedies.

Another man who has posed as an Eclectic for many years (the author of books Eclectics are expected to buy), is now, when Eclectics need every recruit available in this battle for existence against overwhelming odds, engaged in promoting a National League of Liberal Physicians, or some such rot that tends to scatter our forces.

Reverting to the quotation regarding the "less exacting and less prolonged courses of education," will say that there is a concerted effort on the part of the A. M. A. cohorts to misrepresent us before every legislative body. They persistently assert that we are endeavoring to lower the standard of medical education, and every attempt on our part to secure fair and equitable legislation is so construed and represented to the legislative bodies by them. No microscope is needed to see the handwriting on the wall, and there is no need to em-

ploy interpreters. The first stroke of their knife amputates the "surgery" from your license; the second amputation removes the "medicine," and incidentally severs you from your profession. Our people should sit up and take notice while the noticing is good.

Eclectics have existed throughout the Christian era at least, and perhaps long before that. The first of whom I have seen mention were those who, in the first century A. D., endeavored to combine the good points of Hippocratic, Empiric and Methodistic medicine. The next was Galen (second century), who had a genuine working knowledge of all existing systems. Having to do his dissecting upon animals, burdened by the Hippocratic humoral pathology, and also involved in philosophical subtleties, he still managed to add to medical skill and knowledge, and to place remedies from the vegetable kingdom upon a plane which they maintained, even in regular medicine, until recent years, and still maintain with us.

No other physician who might be even remotely termed an Eclectic came to the notice of historians until the latter part of the seventeenth century, when Boerhaave, of Leyden, began practice. While professedly a follower of Hippocrates and Sydenham, he failed to restrict himself in any manner to their narrow views and is considered the father of modern clinical medicine.

When it is taken into consideration that our modern alkaloidists claim Boerhaave as a patron saint and follow his system of therapy—and, as a matter of fact, it is difficult to state to whom they are most indebted, Boerhaave or the American Eclectics—we can readily see that he was a true Eclectic.

American Eclecticism's history is too well known to most of you to justify me in occupying your time with it further than to correct the statements of Doctor Nichols.

The Eclectic branch of "reform medicine" broke away from the Thompsonian branch in 1823 because of Thompson's dictum: "Heat is life and cold is death," and because he refused to use any poison, i. e., if he knew it was poison. Also because Thompson derided the notion of the necessity of education for medical men other than that imparted by a Thompsonian preceptor to his students.

The first "reformed medical college" was established about 1828, and the name Eclectic first given to the school about 1845. While there were other colleges in the United States at the time, the one that most concerns us is the one at Cincinnati. The Civil War left the college dying of inanition, and it remained for Dr. John M. Scudder to take hold of it, admin-

ister proper restoratives and save Eclecticism. I say this advisedly because it was his infinite capacity for work, his broad medical knowledge, and his ability as a leader, that re-established the school financially and paved the way for specific medication, which has made Eclectic practice a distinctive practice, and thereby continued the school until the present time, and is responsible for any future existence it may have.

What is the significance of this potpourri? Merely this: Eclectics have existed since medical knowledge began, and so long as they have been truly Eclectic, they have flourished. They have all blossomed and died, excepting the American Eclectics, and they are in a critical situation at present; ergo: we must have ceased to be truly Eclectic. I think we have. I recently heard one of our Eclectic teachers say that Eclectics were big enough and broad enough to use anything for the alleviation of the ills of mankind, and yet he would be insulted if I asked him to administer a dose of anti-toxin to a patient afflicted with diphtheria.

Briefly, here is the situation: American Eclecticism has been established since 1823. Doctor Scudder rendered it wholly Eclectic as regards medicinal treatment, through his knowledge of all systems of practice, by giving to the world, in 1869, "specific medication." But Swedish movement, or massage, as a therapeutic measure, has been before the world for many years. In 1874 Dr. A. T. Still enlarged upon that method of practice, and, in 1892, established a school of osteopathy. All of us know that results are to be obtained by manipulative therapeutics that can not be obtained by the administration of medicines, or at least they may be obtained more easily than by medicines, yet it has been nearly forty years since Doctor Still first brought the subject prominently before the profession, and over twenty since he started his school for teaching it; and what is the result? Instead of Eclectics taking it up, investigating it, rejecting the bad and accepting the good, we have neglected that branch of therapeutics, and the country is filled with men and women trying to treat all diseases by one therapeutic measure. Many of these are ignorant and incompetent to apply even that method, and many, misled as to the value of such therapy, realize that they are not properly equipped; but because of the ruling of the "Association of American Medical Colleges" they are not allowed credit for work done in osteopathic colleges, and while they earnestly desire to complete their education and become physicians in the broadest sense, have neither the time nor the money to spend in an added course of four or five years' duration. Have

we been truly Eclectic in allowing this therapeutic method to be neglected by our colleges and physicians?

Our country, and, especially our state, is teeming with Christian Scientists. Have we, as a school, given psychotherapy the attention that its therapeutic value deserves? Have we been any more truly Eclectic in this than the dominant school? Just so long as we confine ourselves to one line of therapeutic reform, no matter how valuable that may be, and disregard other therapeutic means and measures, the regulars are justified in dubbing us sectarians and dogmatists, and they will succeed in placing us in a narrow and unfavorable light before legislative bodies, and the people.

If we are to be Eclectics in spirit and in truth, we must investigate every therapeutic measure which promises relief to suffering humanity, and must accept and use what is of value in each and every one. It is high time we quit roasting the regulars and gladly avail ourselves of the benefits derived from their scientific researches, which the money they are able to command, and which we help to furnish, allows them to pursue; to stop speaking sneeringly of the osteopaths, naturopaths, Christian Scientists, etc., and to get busy ourselves and add to our therapeutic armamentarium. We undoubtedly have the best materia medica and the best plan of using it in existence today, but that it not all of the practice of medicine.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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THE RECRUDESENCE OF THE C. E. M. C.

Just a little while ago the friends of the C. E. M. C. began to see that it was necessary to help, if the College was to continue, let alone being a success. As a result there was developed an aggressive spirit of an epidemic variety, which has extended even beyond the bounds of this state.

The Alumni are good boosters and when they all get together and push, things surely do move. The most tangible result of this combined effort is the enrollment of the largest student body that the college has had for many a long year.

Take a day off, go over to the College and look around. It will do your heart good!

THE POST-GRADUATE COURSE

The C. E. M. C. post-graduate work has been reorganized and the course offered cannot fail to interest each of our readers at some point. Beginning October 6th, Prof. A. T. Atkins of San Francisco, who has attained an enviable reputation as an orificial surgeon, will demonstrate his favorite methods in this line of practice. During the second half of October Prof. John Uri Lloyd will be with us and explain the

latest and best in his line of investigation. In November Prof. Finley Ellingwood will deliver a series of lectures on materia medica.

Each of these men is the peer of any in his particular line, and their hearers cannot fail to gather much valuable knowledge.

The work for the next succeeding months will be announced in due time.

THE OWEN BILL.

The persistent framers of this bill are again besieging the halls of congress urging for its passage. They are even invading the precincts of the White House in order to enlist the sympathies of the president.

The claims of its friends in favor of its passage are fantastic, illogical and in some measures untrue. In fact the trade argument used by them, "Millions for the hog and nothing for the child," is absurd. It is a catch argument used to gain the sympathy of the unthinking, it is the same old gag of the demagogue and practical politician; a play to the galleries for votes.

It is perplexing to one who attempts to follow the supporters of this bill at the attitude they assume. In one breath they praise the public health service for its magnificent work, and in the next they condemn it for lack of administrative ability. Whether the administrative ability will be in evidence when the service is placed in the hands of political politicians selected not for their worth, but for the service they have given to the party in power, is a question. If our lawmakers would only look more to the interests of the people at large rather than to party organization and self-interest it would be far better for our nation. We are perfectly aware that some of the senators have committed themselves to this bill. If these same senators would look to the history of its inception and note the character of the men that have been behind it from the beginning until the present I am very much in doubt whether they would be so ardent in their favor of it. The originator of the bill was one time a very ardent aspirant for a cabinet office in a recent administration. At another time he desired to be United States senator and used the power of the American Medical Association in his attempts to gain the prize. At another he desired upon the death of one of our surgeon generals to be appointed to that position, though not in the service. It is the same old cry for political pull, for the power that animates the entire movement, not the desire to benefit the people. At the recent meeting of the American

Medical Association evidence was given the fact that our president whilst investigating lobbies has reason to have his attention called to the lobby maintained by this association. Lobbies not only at Washington, but in every state in the Union are lobbies maintained. This is the secret of their immense power. With their wealth a small coterie of men led by one, who if reports are true, has been as low as any patent medicine man or quack whom he now decries, they are enabled to maintain these lobbies and dictate medical legislation. It is not the good of the people, it is the personal pelf that is desired and it has always been a matter of surprise that men of such high standing as some of the men associated with him will submit to his dictation. It is a well known fact that when any department is placed in the control of party politicians its efficiency is in some measure destroyed. The medical reserve corps exhibits that fact at present and the accusations and charges now being so freely made does not look well for the efficiency of that branch of the Government Medical Service. Such will be the fate of the Public Health Service as soon as placed under the control and whims of party politicians. This service has been free from the machinations of politicians. Why not let it alone and let it pursue its work as efficiently in the future as in the past? Its work speaks for itself, in the report of Surgeon General Blue and the appropriation made by congress for the several branches of its service. It at once shows the fallacy of the charge, that the sponsors of the Owen bill have been so industriously making, "Millions for the hog and nothing for the child." It is not necessary for me to quote from this report, for by writing to your congressman you can secure the report for yourself which shows the work done by the Public Health Service in the past year.

It is also a well known fact that the health measure and quarantine duties has been classed among police regulations and that the United States Public Health Service can only cooperate with the health boards of the several states when so requested by them. They cannot come in and take charge, unless requested. This was shown during the time of the flood in Ohio, when the governor of Ohio requested the Public Health Service to take charge and you who live in this state realize full well how efficiently the work was performed. We, who are a little older, can well recall the days of shotgun quarantine during the epidemics of yellow fever of the South when cordon was thrown around infected districts. Now by reason of the efficiency of the Public Health Service, yellow fever is practically unknown in the district where its annual visitation was looked upon with horror. We could go on reciting ex-

ample after example of the efficiency of this service. Its services should be appreciated and its powers should be enlarged and should be kept, if possible, free from the tentacles of party politicians; as we have previously stated, it is the glamour of power and the desire to entrench the party in power that too often animates our legislators and not the good or welfare of the masses, and the country would be far better off if good, honest, common sense would animate our statesmen rather than the desire to pass many and useless laws.—Mundy, in N. E. M. A. Quarterly.

SOME MEDICAL FADS.

Medical fads have occasionally been commented on by the laity and ridiculed by the comic papers, but when an eminent medical professor dissects and condemns them in a leading article in The Journal of the American Medical Association (Chicago, August 9), it is possibly time for some of the rest of us to take notice. When the funny paragrapher suggests that there are too many operations for appendicitis, or that the injection of serums is being run into the ground, we may laugh and pass it by. We may even pay little attention when the same thing is said by an unorthodox or semiorthodox medical writer; but a pronouncement on the first page of such an ultraconservative as The Journal cannot be overlooked. The writer is Dr. Joseph Zeisler, professor of dermatology in Northwestern University Medical School. Dr. Zeisler believes that Americans in general are faddists, and that American medical men simply swim with the current. Our fads, he says, "show a very short life and a continuous change," and we are "strongly inclined to cultivate certain fads just about when they begin to be discarded by Europeans." He goes on to say:

"There was a time when ovaries were sacrificed to an extent amounting to a fad. The same criticism might perhaps without much injustice be made today as to appendectomy. A few in this audience may perhaps recollect that short-lived fad of nerve-stretching in cases of tabes, or may still have in mind the time when galvanocautery of the turbinated bodies in the nose was practiced for the relief of hay fever, chronic rhinitis and almost any pathologic state in the nostrils, with a great deal of vigor and very little rationality. The injections of paraffin for the relief of cosmetic defects may also be classed among the short-lived fads. The irreparable harm which this practice has often done has led to its utter abandonment except in rare instances. I may not be competent to speak about matters outside of our own special domain, but my impression

is that the extent to which Freud's psychanalysis has been exploited in neurologic literature of late borders on faddism.

"Coming to matters of more personal interest to us, I might remind you of the almost unprecedented enthusiasm with which Roentgen rays were used and abused soon after their therapeutic value was first brought to our notice, twelve or thirteen years ago. It was a veritable fad to employ them in all kinds of conditions, often without even a correct diagnosis being made. It took a great many and costly lessons to narrow down the field of their usefulness and to modify the technic of their application to a plane of safety. No one can appreciate the remarkable therapeutic efficiency of Roentgen-ray treatment in many dermal conditions more than I do, but my brief criticism in this connection is directed against its misuse in inexperienced and untrustworthy hands. . . .

"In former times I could make the almost daily observation that physicians in general and even specialists were very slow in adopting any form of treatment which required the regular use of a hypodermic syringe. That applied, of course, particularly to the treatment of syphilis. All this has changed wonderfully of late when almost anything is being treated by the injection of all sorts of serums and the so-called vaccines or bacterins. I feel perfectly incompetent to discuss that subject in general from its many points of view. I realize its great possibilities and its scientific fundaments, but when we see that vaccines are recommended and used for the treatment of vertigo, hay fever, rheumatism and sciatica, of appendicitis and gallstones, we are forced to regard such practices as fads. . . .

"Of most interest to dermatologists is without any doubt the use of vaccines in the treatment of acne, on account of the frequency of this disease in our practice. . . . Leaving entirely out of the discussion the question whether or not the acne bacillus is really the cause, or at least the chief cause, of acne, a matter which is by no means universally acknowledged or proved at all, the fact remains that extensive observations will force on us the conviction that these injections have very little, or at best only temporary, effect in most cases of acne. This applies at any rate to the stock vaccines in the market. Whether or not the use of autogenous vaccines, which means dependence on a reliable bacteriologic laboratory, will ever become popular remains to be seen. . . .

"We are living in a period today when the pathologic laboratory has become indispensable to us in our daily work, but we should not use it for the pursuit of fads; we should not forget that, after all, the laboratory should be our aid, our as-

sistant, not to say our servant, and not our master. Clinical knowledge is in danger of becoming neglected in favor of laboratory methods. The two must work together if we are to perform our work successfully."—The Literary Digest.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

COLLEGE NOTES.

Herbert T. Cox, M. D.

The thirty-fifth annual session of the C. E. M. C. began Monday, Sept. 15th, with a general assembly at 10 a. m. The opening was held in the new Materia Medica room, which is the south half of the old assembly hall. The room was well filled, among the audience being a good representation of the faculty and a large number of students. Dean Munk presided and gave an enthusiastic, comprehensive, heart to heart talk upon the principles for which Eclecticism stands, and in it made a rapid review of the history of the different schools and pointing out wherein our system differs. He was followed by Professor Baird, who fully endorsed what the Dean had said and in a mirthful spirit drove the facts deeper. Professors Barbrick and Fullmer made interesting and earnest talks, after which Dean Munk asked each member of the faculty present to make short remarks and announcements. The remainder of the day was passed in assigning lessons and in getting the run of the schedule. There is a nice class of fine-looking and promising freshmen and many new matriculations for the upper classes, and the college can fully expect to see one of its most successful years completed next spring. The college has enlarged lecture space, added equipment, laboratory and clinical facilities and can thoroughly and completely give every course.

The faculty held its first meeting for the term Friday evening, Sept. 12th, at which time very few members of the faculty were found lacking. Many subjects pertaining to the course were discussed, every one taking an active and renewed interest, and all going away with a fuller determination to do everything possible in his department to put it first in the land. The intention is to have these meetings at stated periods throughout the year, and thus co-operate, and have every effort conserved to the best advantage for all.

Mr. Clarence Stammers returned to join the senior class after a year's absence. Stam. had not forgotten what he was learning, for he brought a freshman with him.

Dr. H. R. Evans writes that he is putting in full time with patients at the Fresno County Hospital at Visalia.

Mr. Prince and Mr. Roath can tell you of experiences in sanitorium work which they had this past summer.

NEWS ITEMS

Dr. G. M. Tinsley, graduate of the American Eclectic Medical College, 1897, now located at Eldon, Missouri, is making a visit in Los Angeles and vicinity.

Dr. Fred A. Starbuck, Fairview, Okla., has moved to 1204 S. Akard street, Dallas, Texas.

Dr. A. A. Gugliere, San Francisco, has changed his address from 806 Vallejo street to 205 Columbus avenue.

Dr. W. B. McMakin writes from Washougal, Washington, where he is located, and subscribes for the Journal.

Dr. J. Harvey Moore has removed to the sixth floor of the Bumiller building, 430 S. Broadway, Los Angeles. Dr. Moore limits his practice to diseases of the eye.

Dr. E. R. Harvey, Long Beach, is spending a few weeks at the New York Post-Graduate School.

Dr. V. Millasich, Galveston, Texas, came to Los Angeles at the opening of college to place his son in the California Eclectic Medical College. Later the Doctor went to San Francisco and Fresno to visit.

Dr. Stevens, Cairo, Illinois, who is spending a lengthy vacation in California, has returned to Los Angeles from a six weeks' automobile tour through the state, during which time his speedometer registered more than three thousand miles.

Dr. C. S. Bossert, Brawley, California, who has been taking a month's vacation at Long Beach, has purchased a new automobile and driven back to the Imperial Valley.

The Los Angeles County Eclectic Medical Society spent a most delightful evening at Long Beach on September 2nd, when thirty people enjoyed the hospitality of Drs. Perce, Harvey and Newton. Needless to say, we believe the greater share of credit belongs to Mrs. Perce, Mrs. Harvey and Mrs. Newton, who prepared and served the 6 o'clock dinner.

Dr. A. J. Atkins, San Francisco, expects to be at the California Eclectic Medical College during the week beginning October 6th. Dr. Atkins is a well-known specialist in rectal diseases and will lecture each day at the college to the students. Practitioners are cordially invited and will be amply repaid for attendance because Dr. Atkins has something to teach on his subject. It will be a good opportunity for doctors to send in cases for the free clinic which will be held by Dr. Atkins.

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The California Eclectic Medical Journal

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Original Contributions

EUROPEAN TRAVEL SKETCHES.

By J. Fraser Barbrick, M. D., Los Angeles, California.

To the stay-at-home, as well as the traveler, the customs, manners and habits of the peoples of foreign countries are generally very interesting; so it has occurred to me to tell the Journal readers a few of the things noted during my year in Europe.

Some Peculiar European Customs: One of the first things noticed by the American arriving at a European port is the difference between the customs regulations of the foreign and his home port. The courteous foreign customs official asks if you have tobacco, cigars or cigarettes above a certain quantity which is allowed for your own use, spirits, perfumes, and in England, saccharin. On receiving the assurance that you have none of these dutiable articles, you are requested to identify your baggage, open one piece, to which a cursory glance is given, and in a few minutes you are sent on your way rejoicing. It took nearly three hours for us to pass "Customs" on our return home, not to speak of the anxiety and vexation of spirit previously endured from just contemplating the ordeal, and we had nothing dutiable at that.

Railroads: In traveling by rail, riding third class in the British Isles and second class on the continent, leaves a bitter taste until one finds that one travels as comfortably second and third class in Europe as one does first at home and that the first class abroad is reserved for "Aristocrats and Fools," the latter said to be mostly newly rich Americans.

Afternoon Tea: In the British Isles the comparatively general suspension of business in the middle of the afternoon for tea seems odd to the visitor from Yankeeland until he gets the habit, after which he looks forward to the afternoon beverage which "cheers but does not inebriate," with much the same feelings as King George himself. On the continent the Coffee House and Beer Garden take the place of the English Tea Rooms, and Uncle Sam's sons—and daughters

too—with that wonderful power of adaptability for which they are noted, soon find that "Ein Grosser Dunkel" (a large stein of dark beer) or "Ein Melange" (coffee with hot milk and whipped cream) cheers the cockles of the heart as well as the Britisher's tea, and of course indulge accordingly.

Tips: Tip, tip everywhere and everybody on the continent, and don't you fail to tip or—well, if you don't, you get nothing, unless it be black looks, scorn, contempt and, occasionally, insults. Of course, as you don't understand the latter unless you speak the language, you may feel serene and happy. But wait until you attempt to run the gauntlet of six or more deep on each side, without a pocket full of small change, when you are leaving your hotel and you will understand better than you ever did before that most concise of all epigrams, "Money Talks," and also that it talks in all languages. Ah, yes, one's departure from a European hotel is surely a "touching" scene. Even the chef, business manager, bookkeeper and chambermaid join with the proprietor, bell boy and boots, elevator, bath and door man, to speed the parting guest and all have their hands out, one to shake your hand and the other to grasp the tip. And in Vienna you even tip the street car conductors and pay to get out of and into your own house between certain hours. How's that? And yet some ignoramus remarked that Yankees were shrewd in money matters.

The Women: The blue-eyed, rosy-cheeked Irish lass, with her charming brogue, is even more interesting on her native sod than as an immigrant; the bonnie "Hielan' Lassie" in her plaid, silhouetted against the purple heather-covered hills of her beautiful Trossachs and Rob Roy country, is most picturesque; and the stately English lady, with her peaches and cream complexion, due to her outdoor life and the moist climate, is extremely fascinating despite her suffragette militancy. On the continent, the French woman is chic and vivacious, but it seemed to me it was her wonderful attention to detail in dress, her natural style and pert manner, rather than her beauty of face or form, that made her so attractive.

The German woman is buxom, rosy-cheeked and voluptuous, with a chest, back and hip development showing characteristic phylogenetic inheritances from maternal ancestors whose duties included any and all forms of manual labor considered permissible only for men in most English-speaking countries. For the women of the Netherlands, Germany and Austria—of the peasant and middle classes of course, but from which classes much of the aristocracy and wealth of today is descended—are the tillers of the soil, sweepers of the streets, mortar mixers, hod carriers, mason tenders and almost "beasts of burden," for one often sees them on one side of the tongue

of their little wagons drawing heavy loads, with a dog on the other side as the team mate.

In Italy the women of Naples and Sicily attracted most attention, their native costumes, only slightly changed from those of their ancestors of the great Roman Empire of over one thousand years ago, giving an historic interest and lending an air of mediaevalism which seems to add the charm of romance to their many other attractions.

Ruins: The matter of fact American wonders at first at the many and massive ruins of abbeys, castles and palaces he finds on all sides and is supposed to visit and inspect en route. But after a while, when he counts the cost in entrance fees and tips and figures the revenue derived therefrom, his wonder ceases and his enthusiasm abates somewhat. Yet these ruined structures are always interesting because of the history in which each is steeped, the mystery which surrounds some of them, and the tragedies that have occurred in many of them. Also most of them are in picturesque locations, some of the castles, for instance, commanding magnificent views, and a beauty attaches to all of them either in their architecture, the art that decorates them, or the sculpture they contain. One could no more describe the ruins of ancient Rome than one could one's sensations and feelings while visiting the Coliseum, the Roman Forum with its triumphal arches, Caesar's Palace, and the Baths of Caracalla. Such things must be seen and studied to be understood and appreciated.

Art Galleries and Cathedrals: Galleries to the right of you, Galleries to the left of you, Galleries in front of you, all bid you welcome—generally for 25 cents per welcome, and they are worth it. Or if it isn't a Gallery, it is a Cathedral. It is a poor city in Europe that has not an Art Gallery or Cathedral containing, and noted for, its works of art. If there are such places, one never hears of or stops at them.

Of the Galleries the most noted visited were the Louvre and the Luxembourg in Paris; the Pitti and Ufizzi in Florence, and those of the Vatican in Rome. Of the Cathedrals, Westminster Abbey, London, with its buried royalty, its Poet's Corner, its wealth of history; the Madeleine, most beautiful of Parisian moderns, and Notre Dame, also of Paris and immortalized by Hugo; the Cathedral at Cologne, where one is shown a collection of jewels and precious stones said to be worth three millions of our dollars and vying in comparison with those of the Vatican; St. Stephen's in Vienna, over the site of which Attilla's Huns and Caesar's legions rode and around whose walls the Austrians fought the great Napoleon's hosts and fell in defeat; the Cathedral of Milan, with its pinnacles and statues, over two thousand in all; St. Mark's in Venice, a mix-

ture of Byzantine and Gothic architecture, decorated inside and out with over an acre of the richest of mosaics; and last and greatest of all, St. Peter's at Rome, the nucleus of which was a Basilica erected by Constantine the Great on the site of the martyred Christians and the Circus of Nero, more than sixteen hundred years ago. The present St. Peter's, the largest and most magnificent of all churches, has been in the process of building more or less constantly for over four hundred years and probably in additions, changes, extensions and decorations, will continue building for all time or at least as long as Catholicism exists. It is said the cost of this wonderful edifice to date equals one hundred twenty-five millions of dollars. It surely should be imposing and it certainly is.

Historical and Anecdotal: Europe, to an American, is a combination of "little countries with great peoples." When one considers that the British Isles, in area about equal to our New England States with New York State added, contain between 40 and 45 millions of people; that the great German Empire is somewhat less in size than our single State of Texas, but has a population of 65 millions; that historic and republican France, with its 45 million inhabitants, could be fitted into our own California and Nevada and we would still have all of Southern California south of a line drawn from Needles to Santa Barbara and a few orange groves left; and that the Dual-Monarchy of Austria-Hungary only slightly exceeds in acreage that of our Central States of Ohio, Indiana, Illinois, Wisconsin and Michigan combined, yet is made up of 13 principalities, each a separate and distinct nationality, speaking as many different and individual tongues; and when one remembers further that these nations are as much neighbors and in almost as close social and commercial relationship to each other as are our states, the point of the following will be better understood:

The continental European is a born linguist; he has to be, so to speak. The higher classes speak from one to seven languages besides their own and even many of the peasant class are able to converse in more than one tongue. Yet in some things the European is very provincial. With many of them New York and America are synonymous. An Englishman of some education and means, with whom I became fairly well acquainted, asked for my home address with the explanatory remark that he was planning a visit to New York and while there would like to run over and see me some evening and renew old acquaintances. I gave my address and shall be pleased to see the gentleman any evening he runs over from New York.

Another incident: At our Pension in Vienna (Pension,

by the way, is polite and European for boarding house), I met a young lawyer and wife, with whom my daughter and I formed a pleasant and fairly intimate acquaintance. One day, during a conversation about our country, they inquired how far we lived from New York. I replied that it would take us six days of steady railroading at an average rate of 30 miles an hour to go from New York to Los Angeles. To my surprise, the attitude of the couple immediately changed and for a week they either avoided us altogether, met our advances with severe coldness or addressed us only when it was unavoidable and then in the most formal and perfunctory manner. On asking the landlady later if I had in any way offended or what was the trouble, I was informed that they all thought we took them for fools and were making fun of them when we described so exaggeratingly the size and extent of the United States.

Suffice it to say, thereafter we either very materially contracted our country or avoided definite answers to such queries, and the next time I go to Europe, I shall take a well proportioned and scaled map of the world with me and let them figure such things out for themselves.

However, this is no worse than the American in Rome who wanted to know if Napoleon was still Pope; or the female Cook's tourist from Maine, who supposed Mr. Cook dug Pompeii that far from Naples just so he could get the extra carfare from the folks who wanted to visit it. Selah!

A MEDICAL ALLEGORY.

By Judson Liftchild, M. D., Ukiah, Cal.

Read before the California Eclectic Medical Society.

And it came to pass, in those days, that there dwelt in the land a man of science whose name was Noahallopath. Now he was full of wisdom and gathered to himself many shekels in healing the divers diseases with which mankind was afflicted. For many years, he had puked and purged and bled the sons of men and had a monopoly of the pill business. Now Noahallopath had three sons, which he had begotten, Japhlectic, Hamopath and Shemosteopath, who looked with envy upon Noahallopath and coveted his swell offices and his automobile and the ease with which he took money away from the laity, so they took to themselves offices and automobiles and began to write prescriptions and death certificates. Now Noahallopath was sore displeased with his sons and sought to dissuade them from taking his business and reasoned with them in

private and emitted grievous yells in public, but without avail. "Why," said Japhlectic, "should I not practice the art of healing as well as thou? Because thou hast discovered the secret of the transmutation of metals and converteth mercury into gold, have I no right to do a little converting myself? Have I not waxed in wisdom and do I not heal the sick with ten drops of Specifics in four ounces of water and do I not kill even less patients than thou?"

"Verily," saith Hamopath, "thou speakest truth. With my attenuations I can skin the old man a block and though I have slain my thousands old Noahallopath hath slain his tens of thousands, so by mathematical calculations I am more skillful than he. All that I require is a barrel of alcohol and a few pounds of sugar of milk and I am equipped for business a whole year, for great is similia similibus curantur."

"Thou knoweth of what thou speakest," quoth Shemosteopath. "The old man is a back number and few of his patients die a natural death. There is no longer need of a man making an apothecary shop out of his stomach. I twist his spine into shape, use the strangle hold and give him a few upper cuts and a right swing or two and lo! he is well. It is true that I sometimes dislocate a limb or stick a finger into his sweet bread but in finally making him well I have the greater glory."

Now Noahallopath was greatly worried and sore distressed, as his three sons began to make a hole in his bank account and furthermore, made him get up to date in the healing business. He wailed and rent his clothes but could get no laws upon the statute books that would prevent Japhlectic, Hamopath, and Shemosteopath from answering the telephone calls of their patients. But further troubles descended upon his head and removed the few remaining hairs that had adorned his cranium, for all manners of healers began to spring up and soon he began to find his office deserted by the fickle public, who began to follow after the strange gods of medicine. There were chiropaths, vitapaths, electropaths, hydropaths, magnetic healers, absent healers, faith curists, mind curists, vodoo healers and pathies galore. But the chiefest sinners were the Christian Scientists, who believed in neither science nor Christ but directed their followers to emulate the ostrich when he sticketh his head in the sand. So the shekels that were wont to pass into the jeans of Noahallopath jingled in the pockets of the healers.

Now the legislature loved Noahallopath with a great and exceeding love and seeing that the world was full of healers, who were desperately wicked, as they doctored the public with-

out first obtaining a sheepskin from Noahallopath, they decreed that there should be a flood of legislation which should destroy the wicked healers from off the earth and give Noahallopath a monopoly of the doctor shops, such as he had held of yore. And he, being on the inside and spending his days lobbying at the legislature, was given a tip to build an ark so as to escape the deluge of legislation which was to be turned loose upon the wicked healers.

Now the old man was, despite his years, exceedingly husky and full of ginger, but he needed his sons to help him put one over on the healers, so he called them in consultation and verily humbled himself before them. "Why," said he, "should we not bury the hatchet and make up? Lo these many years have we ripped each other up the back and despitefully used each other and it hath resulted in nothing but to supply the funny men, employed by the comic papers, with hand-made humor. Although you do not know the true principles of the healing art, 'vis conservatrix naturae' getteth in its work despite your unscientific methods and the public is not decimated to a much greater extent than when I was the whole works. But the land is afflicted with a locust plague of quacks who are rapidly weaning the ignorant populace from the old idea that it is necessary to look upon the brazen serpent of drugs before they can recover when stricken with disease. What is the matter with us forming a trust and freezing out these competitors who are veritable hook-worms to the medical profession? We can then form a holding company and can remove the appendices of the canaille at our leisure." Now Japhlectic had had his eye teeth cut upon the teething ring of experience and was wary of gifts coming from the Greeks and so he delivered himself as follows: "Verily thou speakest honied words, but it looketh to me like counterfeit money. I fear me, that in this holding company we will have the job of holding the sack. I will consider the proposition a little." But Hamopath, who had been gradually contracting the decimal point in his triturations and dilutions until it had practically disappeared and had began to surreptitiously follow after the gods of the Allopathic pharmaceutical manufacturers, let himself be bunkoed into listening to the words of guile. "Let us harken," said he, "to the words of our father, Noahallopath and see on what terms we are to be admitted to the ground floor." Shemosteopath also, being young in years and having in turn been derided by both Noahallopath and his brethren, fell for the idea of being regularized. "Have I not," said he, "like the Republic of China, long clamored for recognition? Should I, now that Noahallopath is willing to let me ride in the steam roller, instead of flattening me out with it as he has

done in the past, refuse to enter his Balkan League? It seemeth therefore good to me and it were wise that we listen to his words of reason. I have so long been called a quack that it tickleth me mightily to be able to cast the opprobrious epithet in the molars of some one else." So they wrestled in argument with Japhlectic and showed him the land of promise, wherein all should be classed as "regular" and Japhlectic humbled himself, and forgetting the stones which Noahallopath had so often handed to him in the past for bread, permitted himself to be gold-bricked once more.

So Noahallopath unfolded to them his plan of building the ark, which was to bear the name of "A. M. A." (which signifyeth "all made Allopaths"), into which they should enter and escape the flood of legislation which was to be sent upon the wicked healers who were not regularized. So Noahallopath and his three sons set them to work to build the ark and after many days it was completed and the name A. M. A. painted upon the stern thereof. Then they took into the ark all the living things and many of the dead things in their pharmacopeas. Two by two did they enter the ark: Mercury and quinine, salts and senna, antimony and opium; Podophyllum and Neutralizing Cordial, Lloyd's Specifics and Merrill's Normal Tinctures, specific diagnosis and specific medication; Triturations and dilutions, high attenuations and low attenuations, sugar of milk and alcohol and divers others whose names are written in the dispensatories. And last of all came skeletal adjustment, who flocked by himself as he would have nothing to do with the others.

And after they had all entered the ark the door was shut upon the quacks who made merry over the A. M. A. and its passengers. For the sucker crow was abundant and they had no thought of the flood which old Noahallopath had prophesied would overwhelm them. But the deluge of legislation burst upon them nevertheless, and overwhelmed those who were not regular and the prayers of the Eddyites availed them not, for they were utterly wicked because they did not have a sheepskin nor give drugs but talked people out of the idea that they were sick. And after the waters had risen and drowned all the unrighteous healers, old, foxy Noahallopath sneaked down into the hold of the ark with an augur and bored the bottom full of holes, while his sons were admiring their nice new certificates of membership in the A. M. A. And then he flew off in a hydroplane and landed on Mount Ararat, leaving the old A. M. A. to sink, which it did with neatness and dispatch and Japhlectic, Hamopath and Shemosteopath went to the bottom and joined the unrighteous healers and were seen no more of men.

THE PENALTY OF OLD AGE.

By J. A. Munk, M. D., Los Angeles, Cal.

Read before the California Eclectic Medical Society.

To the large majority of people life is such a commonplace matter of fact affair, that they give it but scant consideration. However, the human body is a wonderful piece of mechanism and deserves serious study. There are many things about it that we do not yet understand or, indeed, will ever be able to know.

The diversity which is found in nature is something startling and among the teeming millions of people upon the earth, there are no two persons that look exactly alike. This difference is not stationary, as changes are continually taking place within the body during every moment of life. There can be no halting or turning back, however much we may want to stop, until we are all finally swept, by the ruthless hand of time, into the great unknown beyond.

We are told that the measure of man's life is "three score years and ten," but this estimate is rather under than over the fact. According to a natural law it is possible for an animal to live five times as long as is required to reach maturity. As man does not reach his full stature until he is twenty years old he possesses the inherent ability to live one hundred years. That but few persons reach this advanced age is no fault of nature, but is the result of broken laws that pertain to right living. It is even possible for man to live longer than a century but only a very few persons succeed in doing so.

Methuselah is reputed to have lived nearly 1000 years, but according to nature that is impossible and evidently the statement is a mistake. However, if such a circumstance had been reported from California, where the climate is so wholesome and delightful, the occurrence would not have seemed so strange. It is the common belief and, indeed, has been the experience of many that from ten to twenty years are added to the life of the average person who spends his time in this favored land. There are perhaps more old people living in Los Angeles, in proportion to the population, than in any other city in the world. They come here from everywhere to spend their declining years in peace and comfort, as well as to add a few more years to life. There may be no actual statistics to prove this statement, yet such is undoubtedly the fact. The record of deaths as reported in the daily papers of Los Angeles shows that a majority of those who die here are past fifty years of age and there are some who even pass

the century mark. Seldom does the death of a child occur and those who die in middle life are likewise few in number. Naturally the young may die and the old must, by an immutable fiat of nature, but as a rule death from disease is not apt to happen here in a hurry.

The prospect of life in each individual case is according to the endowment of vital force that is inherited at birth—call this power the tenacity to live, resistance to death or whatever else you please, but it is an important factor in the problem of life. This difference in patients is frequently observed and is cause for astonishment, as those who are given up to die often recover and others who are expected to live die suddenly from no apparent cause. There are those who are to all appearance vigorous and strong that die from a scratch, while others who are weak and seemingly too feeble to endure long, live on and reach a ripe old age.

This quality of endurance seems to "run in the blood," all the members of one family being near centenarians, while the members of some other family have but a feeble hold on life and die young. Sickness sometimes also appears to run in cycles. While there are those who live a long life of perfect health many others have the opposite experience and cannot say that they are ever well. Again, there are those who do not belong to either class, who enjoy an average degree of health and strength but are subject to severe spells of sickness. Every such attack is a real crisis whether it occurs once or more in a lifetime. It has this advantage, if it does not prove fatal, that the body is thoroughly renovated and rejuvenated by the process and the tissues built up new from the bone. Such a person may not have his youth restored as to years, but has his body renewed and acquires a new lease of life which is good for many years, or until the cycle period returns—unless death should come in the meantime by violence.

A "fountain of youth," where a person may drink and remain forever young, is impossible. There is likewise no "elixir of life," although both have been diligently sought during all time and in every age. There is an inborn desire to live which makes man seek to avoid death; yet occasionally the burden of life becomes too heavy to be borne and is deliberately shuffled off by an act of suicide. In the very nature of things there can be no perpetual youth, as everything living was born to grow old and die and death must have its toll.

Many means have been tried to prolong life indefinitely but always without success. The latest remedy proposed as a cure for senility was discovered and introduced by Brown-Sequard a score of years ago. It consisted of a testicular

juice which was injected hypodermically into the system. Like its later substitutes it not only failed to cure but in some cases caused serious and even fatal results. This was the beginning of serum therapy, which has been adopted as a fad by the allopaths; but the theory is yet only in its experimental stage and far from being proven or established.

It is both interesting and perplexing to watch the changes that occur in an individual during a long lifetime. The little child is always attractive and "just too sweet for anything," but old age develops acidosis and the secretions become sour and stale. The sweetness and freshness of youth vanish rapidly with the passing years and old age brings white hair, impaired vision and hearing, blotched, wrinkled and pallid skin, bent form and tottering steps. The lineaments of youth are all lost in old age, so that it is impossible to recognize the child and centenarian as the same person. The boy is eager to become a man and spends much of his time building air castles for the future; while the old man wishes he were a boy again and grows reminiscent of the past and talks about what has been.

With all this outward transformation in appearance, other equally great and important changes are taking place within the body. Metobolism becomes disturbed, cell activity is retarded and the vital organs deteriorate and fail. The repair work of the body is imperfectly done and that mysterious and fatal disease of old age called arterio-sclerosis makes its appearance. The walls of the arteries become hard and brittle and under undue pressure of the blood from excitement or overwork are liable to suddenly rupture and cause apoplexy, paralysis and death. A man can no longer be said to be as old as he feels, but is only as old as are his arteries. An old man is very much like an old wagon. If he goes slow and takes life easy, he may run on comfortably and carry a light load for many years; but if he forgets himself and makes a misstep or overdoes, he suddenly breaks down beyond repair and dies.

"I am grown old, and this is how I know:
Not by the stiffening joints or hair of snow,
(These have been gifts that time has long bestowed)
But by my yearning for a snug abode,
A clean white cottage where the roses grow.

"Once when the road call came I leaped to go,
But now I linger by the hearth aglow.
The weight of years is my too-heavy load—
I am grown old.

"There is no summons in the winds that blow,
There is no challenge in the seas that flow,
There is no magic in the rover's code,
I am aweary of the open road.
Bitter it is to learn, but it is so—
I am grown old."

WARNING AGAINST NON-SCIENTIFIC DIET SYSTEMS.

U. S. Department of Agriculture Issues Statement About Many Systems of Diet Being Recommended for Commercial Profit.

Washington, D. C.

The U. S. Department of Agriculture has recently had called to its attention, by letters from people all over the country, serious misstatements as to the effects of foods or certain diets recommended by self-styled "experts in dietetics." As a result of these letters, the Department specialists have secured the literature and recommendations of a number of these people and have made a careful study of the things they recommend as diets.

The specialists of the Department have issued the following statement covering this matter:

"In view of the wide spread of literature and advice of so-called 'diet experts,' it seems desirable to warn people against adopting the dietary recommendations of those without real scientific standing in the community. Some of the advocates of freak diets are sincere, but are themselves deluded; while others are fakirs, who seek to make monetary gain by advising peculiar systems of diet. Neither class can offer trustworthy advice. In most of the recommendations of these self-established 'experts' there is hardly a shadow of reason, though they may seem plausible. One of their methods of reasoning is to use isolated and often unrelated facts of science as evidence that their peculiar system is of value. That is, they generally start out with a certain idea, and then strive to prove that they are right by seeking data which seem to establish their theory; but they completely ignore statements in current and historical scientific literature which would negative their contentions. In other words, they completely overlook or do not see the importance of discoveries by scientists which go counter to what they want to believe. It would be easy, following this same system of taking isolated facts away from their context, to produce just as much of the same kind of evidence that these 'food experts' are wrong as they adduce to prove that they are right. In neither case, however, would the method lead to real scientific conclusions.

"As an example of their methods of reasoning can be cited their use of the fact that someone tried to raise rabbits wholly on cooked food. The rabbits did not thrive on such a ration, nor could it be expected that they would on a diet purely artificial to such animals. From this the 'pseudo' expert draws the deduction that because the rabbits could not live wholly on cooked food, human beings should confine themselves to raw food. No such deduction is warranted. Raw food is natural to rabbits, and this is perhaps a fortunate provision of nature, because the average rabbit would probably have a good deal of trouble lighting a fire or a gas stove to cook food; but it does not follow that man, who has proved cooked food wholesome by uncounted centuries of use, should give it up because of someone's theory.

Raw Food.

Many of these so-called diet systems lay great emphasis on raw foods. Now, there is no objection to anyone's eating raw food if he likes it, or finds after experiment that it agrees with him, provided it is of good quality, free from contamination, and wholesome. The truth of the matter is, however, that man's chances of health are best when he eats with moderation a diet made up of clean, wholesome, ordinary foods, well prepared in the usual ways. Such a diet will include some articles to be cooked and others to be eaten raw, such as bread, cereals, fruits, vegetables, meat, fish, milk, butter, cheese, eggs, etc. These articles should be of good quality, free from dirt (visible and invisible) and adulteration, and well prepared.

"As a general proposition, raw food is not cleaner than cooked foods. Proper cooking sterilizes foods, and so renders innocuous pathogenic bacteria and other organisms possibly harmful. Raw foods have to be very carefully washed and cleaned before eating, and as a general rule simple washing, while it will get rid of most of the dirt, will not remove all the bacteria, insect eggs, spores of fungi, etc., that may adhere to them. If the systems of pseudo-reasoning followed by some of these diet experts were logical, it would be possible to draw the conclusion that no one should eat lettuce or other salads, or raw vegetables and fruits. This would not be warranted by true science.

"In some of the literature circulated by the advocates of raw food, their correspondents are urged not to eat animal foods because they say meat is filled with bacteria. This is not true. The surface of meat is not sterile, but the interior is, except in rare cases. We do not eat raw meat, except dried beef, or something similar, but cause it to be cooked,

and this sterilizes it. In most cases where people have suffered, or think that they suffer, from eating meat or any other normal article of diet, the trouble lies not with the actual article but either in the imagination of the consumer or in the fact that the food has not been kept clean, or properly prepared and properly handled after it is cooked.

The Fallacy of the Enzyms and Particular Chemical Substances.

"Several of these food experts base their argument for a raw food or other specialized diet on the theory that raw food supplies the body with the necessary enzyms; or that a certain food, such as whole wheat bread, supplies lime or some other special substance. If the American people lived wholly on cooked food and ate no fruit or drank no raw milk, it might be necessary to advise them to eat some foods raw, for when clean and of good quality, such things are wholesome. The body, however, normally supplies all the ferments (enzyms) it requires, and the average mixed diets of Americans give them all the raw food that they require. Similarly, if the American people ate nothing but wheat, it might be necessary to advise them to eat whole wheat rather than fine wheat flour in order to get some of the substances excluded from the flour by bolting. Recent investigations indicate that there is a valuable substance in bran, which is lacking in the interior of the wheat kernel. This substance, called by some Vitamin, is, however, present in many other foods, and there is every reason to believe that an ordinary mixed diet supplies all of such material which the body needs. Whole wheat bread is wholesome and palatable and affords an easy way of securing variety in the diet, which is desirable as well as pleasing. The average American who usually gets plenty of the food constituents he needs in his other articles of diet, need not feel compelled to eat whole wheat bread exclusively, simply to supply one peculiar element.

"In the case of the people who decry polished rice, most of them base their assumption that Americans ought not to eat it, on investigations made in oriental countries where rice forms one of the chief staples of a very limited diet, and practically the only starchy food. People who live mainly on rice might be expected to need certain elements that are in the part of the rice that is polished off. Americans do not live on a diet limited to rice; there is, therefore, no logical reason why they should not eat polished rice if they like it; or should not use the unpolished rice if they prefer it. Both are wholesome and valuable.

The Human Race Has Survived.

"If the deductions of many food faddists accepted as facts were really operative, it would be difficult to explain how the

human race had survived. The race should have expired very soon after man had progressed enough in intelligence to begin to exercise any choice in his diet and to cook his food. The contrary holds true, as civilization had advanced from the time when man began to cook and otherwise prepare his food.

The Danger of Curative Treatment By Mail.

"Many of the people who offer dietetic advice for sale undertake to recommend a diet that will cure diseases without ever seeing the patient. The average man talking about his own illnesses frequently imagines symptoms, or describes them so inaccurately that they are not absolute guides to the physician. In many cases, incipient serious ailments or local troubles which give no indication of their presence by pain or discomfort, are discovered by the physician in his laboratory, and relief can be given them which could not be promised later. Very few people indeed would be able to describe their symptoms in words so accurately that the conscientious physician would feel safe in making a positive diagnosis or laying down a method of treatment. Many of these sellers of food information, however, undertake to diagnose trouble and advise a complete remedy purely on the patient's own description of what he believes is a serious condition.

Any Change Sometimes Seems Beneficial.

"In many cases, people on beginning a radically new diet, whether it has direct curative value or not, gain or think they gain a benefit. Any marked change in diet or cooking would produce the same effect, because change itself is often a benefit. The man or woman undertakes the new diet feeling convinced that it will help some real or fancied ailment, and expects results so strongly that imagination supplies them. Some of the cases so benefited are simply transient forms of digestive disturbances. Most of these feelings of discomfort quickly pass by themselves, if we do not dwell upon them and worry about them, but if the person tries a new diet, he is very apt to attribute all improvement to that diet, whether it has any direct bearing on the case or not. In cases of serious digestive disturbances, sufferers should consult a physician of known ability and known standing in their community. To submit such cases for treatment by mail is as foolish as it would be for a man having a complicated and highly specialized business trouble to ask some one who had never seen his factory, and knew nothing about the business except the data he could supply in answer to a set of questions, to supply him with a positive remedy at long-distance.

"Much of the advice on diet which has passed from individual to individual, and much of the supposed scientific ad-

vice now being sold for a price by some of the food advisers, is really little more than folk lore. A great many of the statements which are used as arguments by the experts for their diets have been traced by the government specialists, and found to come from works on diet written so long ago as to be no longer considered of value except to the student of the history of dietetics, or else they have been separated from qualifying statements which would make the interpretation given them by the commercial users wholly unwarranted.

Stop Worrying About Your Body.

"These circulars of misinformation about diet find their prey principally among people who are always fancying that they have some complaint. If people remain in good physical condition year after year, and observe no marked change in weight, seem in good health and spirits, and are eating any simple and normal mixed diet, they have no need to worry about their food.

"People can expect to be lighter in weight in summer than in winter. As a person grows older he should begin to cut down the amount he eats, and depend on a less complex and simpler diet. It is often said that when a person passes forty, he begins to need a different diet. The reason given is that he does not exercise so energetically as he did, and consequently does not need the same amount and kind of food that was required to keep up his energy for more active physical work.

"If you like raw food better than anything else, eat it. If you like bread and milk twice a day, eat it. The main thing, as one grows older, is to eat in moderation and then, as always, to see that what you eat is clean and that the cooked food you eat is originally in good condition and that it is well cooked. If you eat raw vegetables and fruits and raw milk, take precautions to see that they are clean before they enter your system. If something really disagrees with you, and the fault lies actually with the article rather than with the method by which it has been kept or cooked, stop eating that kind of food. If you experience serious discomfort, which persists, consult the best physician you can discover.

"As a general proposition, be wary of people who offer to give you advice or to cure you without ever seeing you. Finally, bear in mind that each human body has individual characteristics, and that a diet which admirably suits one man who lives in a certain location and does a certain kind of work may not be adapted to another individual living in a different climate and doing a different kind of work.

"No advice is better than the old, 'Moderation in all things.'"

INHALATION TREATMENT

J. A. Burnett, M. D., Hartshorne, Okla.

It is a well known fact that inhalation treatment does not receive the attention that it deserves. At the present time there is not a single text book in print on inhalations and all the information on the subject must be picked up from various works. Cohen's System of Physiologic Therapeutics contains one volume entitled "Pneumotherapy and Inhalation Methods," by Dr. P. Tessier of Paris. Price $3.00.

A few years ago the late Dr. J. M. Scudder of Cincinnati, Ohio, had a small work on "Inhalations." It has been out of print for some time. The late Dr. True invented an inhaler which is sold by Lloyd Bros. of Cincinnati, Ohio. It is known as the True Inhaler. Dr. True experimented with several formulas for the ordinary respiratory diseases. His last one was

℞ Oil pine needles
Guaiacol aa ʒ ii
Camphor gum ʒ iv
Menthol ʒ vi
Oil eucalyptus ʒ i

M. Sig. Use in the True Inhaler in either mouth or nose. Formalin used as an inhalant is said to be very useful in the treatment of pneumonia. According to Dr. H. C. Howard the inhalant is prepared as follows:

℞ Alcohol ʒ j ss
Formalin ʒ iii
Chloroform ʒ ii
Oil of rose geranium gtt. xx

M. It should be used from a large-mouthed vial held near the mouth of the patient. In acute coryza Dr. Beverly Robinson uses the following:

℞ Carbolic acid
Creosote aa ʒ i
Tinct. iodine ʒ iv
Alcohol ʒ j

M. Sig. For inhalation. The following has been highly recommended for dry, harassing cough:

℞ Phenol ʒ ss
Oil eucalyptus ʒ ii
Creosote ʒ ii

M. Sig. Put half a teaspoonful in an old dish with a pint of water and boil. Let the patient inhale the steam.

The late Dr. W. H. Cook was a noted physio-medical physician, author, teacher and editor. His favorite inhalant in

respiratory troubles as diphtheria, ozoena, foetid bronchitis, chronic bronchitis and pulmonary cavities was eucalyptol in benzoinal. He did not mention proportions or just how he used it.

There is a book, "Treatment, Prevention and Cure of Tuberculosis and Lupus with Allyl Sulphide," by Dr. W. C. Murchin. Price $1.50, published by Bailliere Findall and Cox, 8 Henrietta Street, Covent Garden, London, England. I have never seen the book, but feel sure it is a very important work. I am told that Dr. Murchin uses allyl sulphide by inhalation as well as other ways, and this is why I mention the work.

In the British Medical Journal, Oct. 12, 1912, Dr. C. Muther has a very valuable article, "Some Points in the Treatment of Pulmonary Tuberculosis, Including Continuous Antiseptic Inhalation." This article should be read by all who are interested in inhalation treatment. Dr. Muther is the head of a large sanitarium for tuberculosis in England. He is also author of some book on this topic, which is published by the same publishers that publish Murchin's book. Dr. Muther mentions this book in this article, but does not give the title. A copy of the British Medical Journal can be obtained from New York Medical Book Co. for 25 cents.

Oppenheimer Son & Co., Ltd., 179 Queen Victoria St., London, England, manufactures a vaporizer and several preparations for inhalations. They issue a pamphlet for the medical profession only on "Inhalation Treatment of Pulmonary Affections."

I hope the sanitarium for pulmonary tuberculosis will devote more attention to inhalations in future than they have in the past.

On page 697, Journal A. M. A., March 1, 1913, I see that Dr. H. M. Thomas of Chicago has invented an apparatus which safely combines steam, sterilized compressed air and definite drug medication for the treatment of respiratory passages by inhalation. On page 603, Journal A. M. A., Feb. 22, 1913, I see the following:

"The Jewish Hospital for Consumptives, Denver, Colo., has been donated a large sum by Mrs. Joseph B. Greenhut, New York City, with which to equip an addition to the hospital for inhalation treatment of tuberculosis." Reports from this institution will no doubt be very interesting.

The Terre Haute Inhalatorium Cabinet Co. of Terre Haute, Ind., makes a large, costly apparatus called "Inhalatorium," which is used to give inhalations.

Dr. Joseph Muir, 47 W. Forty-second Street, New York City, invented a costly apparatus called "Inhalatorium" which

is designed to give inhalation treatment in diseases of the nose, throat, ear and bronchial tubes.

There are various ozone apparatuses; some claim good results and others claim they are a fake and produce no ozone at all, and the effect produced is only psychic. I have given the names and addresses of several, for the benefit of those that are interested in this subject. They can write direct for literature, etc., as they may desire.

TEN MODERN COMMANDMENTS.

In the current issue of Farm and Fireside appears the following:

"I will study the language of gentleness and refuse to use words that bite and tones that crush.

"I will practice patience at home lest my testy temper break through unexpectedly and disgrace me.

"I will remember that my neighbors have troubles enough to carry without loading mine on them.

"I will excuse others' faults and failures as often and fully as I expect others to be lenient with mine.

"I will cure criticism with commendation, close up against gossip and build healthy loves by service.

"I will be a friend under trying tests and wear everywhere a good-will face unchilled by aloofness.

"I will gloat over gains never, but amass only to enrich others and so gain a wealthy heart.

"I will love boys and girls, so that old age will not find me stiff and soured.

"I will gladden my nature by smiling out loud on every fair occasion and by outlooking optimistically.

"I will pray frequently, think good things, believe men and do a full day's work without fear or favor."

GAVE HIMSELF AWAY.

(London Opinion:) "Tell me, dear, is it because you think me very pretty that you look at me all the time?"

"Oh, no, it isn't that; but papa says you are a two-faced woman, and so I am searching for the other one."

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

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"NO MAN CAN SERVE TWO MASTERS"

Similar phraseology of like meaning is found in every great religion and most philosophies. As usually applied, it is intended to point out that a man's influence is either for good or for evil, and a moral follows as the logical addendum.

However, it applies equally well to a man's work in any walk of life and any phase of voluntary action. In law, an attorney must represent one side only; in business, a man must be employed by one firm only, or act the part of a spy; in politics, he must be an adherent of one party only or remain a nonentity. Finally, and not without point, a man may have but one wife!

But, we are interested at this moment only in the phase of the subject as it applies to Eclectics being members of the A. M. A. Quite aside from the rightness or wrongness of the act, we, personally, have never been able to see how a man could hope to gain thereby. And, after watching the erratic course of some who have tried it, we have become convinced that it is "bad business." Far be it from us to unduly restrain an Eclectic colleague from joining the A. M. A., and thus ally himself with it and its unholy policies, if he wants to do so; but we do think that before putting on the new uniform

he ought to have the grace to discard the old. Certainly this would be the part of a man! Also permit us to commend it to those who feel thus inclined, for, as the fight warms up, there will be a close scrutiny of the souls of those who are in our camp. Abide with us, if you are with us, but, if you are against us, avant.

"No man can serve two masters!"

MR. DOOLEY ON THE SCIENTIFIC DOCTOR

(Beggin' th' Pardin iv Mr. F. P. Doon.)

By F. Julian Carroll, M. D., Summerville, S. C.

"Science is makin' vast sthrides these days," observed Mr. Hennessy reflectively.

"Thru f' ye," commented Dooley, placing a foaming mug of beer on the counter and carefully wiping up the overflow.

"Oi'm thinkin' iv givin' oop Docthur Killy an' implyin' wan iv th' new scientific physiciuns wid hospittle exparience," continued Hennessy, thoughtfully sipping the amber beverage.

"A most toimly suggistion, as Hogin wud say. Ye'd be afther makin' a foine subjic for pathylogicil invistigatins," commented Dooley gravely.

"An' what's thot?" asked Hennessy in alarm.

"Will, thin, 'tis this-a-way: Supposin' ye shid happin' t' be a little off an y' feed, an' not falin' y' usul appethite ye shud imbibe a loit supper iv a pound iv chase an' crackers, a pot iv cabbage an' cor rn bafe, a dozen bottuls iv bee-r, an' a quar-rt iv butther mailk; an, bein' none uv th' bist t' sthart wid, as I hov mintioned, y' ar-re sazed wid a sthrong an' will dayvilloped pain in th' ragion iv th' har-rt—or in that vacinity. Bein' toired iv th' un-scientific ways iv Doc Killy, y' sind in a foire allarum an' have the ambilance frim th' Cook Counthy Hospittle come an' take ye t' thot justhly cillibrathed institushun; an' wantin' an up-ter-date an' thouroughly scientific docthur, y' call f'r Doc Spirilla Staffy Licocky.

"Ye lay there in a noice clane antiseptic hospittle cot, falin' loik y' had swallid sivinty noine har-rd shelled crabs, an' th' was a tryin' t' claw th' ways out through th' linings iv ye. Ye ar-r, all th' toime badly damagin' y' sthor-re- tath in 'y manly ifforths t' kape from howlin' wid pane; but ye ar-re havin' scientific tratemint, so what's th' odds? Afther about an hour-er an' a half, along cooms a nice, clane, stirilized nurse. Sh' takes a lile glass tube out iv a glass full iv car-rbolic soulootion, an' sticks it in y' mouth; an' while y' are tryin' t' brathe through y' nose (th' same bein' rindered impossible be raysin iv th' lick ye raycaved an that mimber at th' last picnic

iv th' Loyil Sons) she counts y' poolse an' respirrathin; thin sh' takes th' glass out, looks at it, an' writes somethin' about ye an th' rechord.

"Whin will Doc Licocky be along?" ye ask fably, th' nurses' attintions havin' failed t' raylave th' pain.

"Not 'till termorrer mor-rnin," she answers swately, "but Doc Antiseptikus, th' House Physician, will bay along prisintly," she adds be way iv consilation.

"Be this toime, ye ar-re bayginnin' t' think that ye'd swallid a ton iv schrap iron wid tin pinny nales an th' soide, instid iv th' gintle little male, that Oi hav' mintioned; but ye tur-rn over an' wait as will as ye kin f' Doc Antiseptikus.

"Finully a young felly what looks loik he is too much iv a kid t' be away frim home an' mither, all diked out in a span new sooth iv white chlothes, which is a cross baytwane pajammer-rs an' a barber's unifor-rm, comes along an' star-rts t' take ye histhry, as th' calls it. Ye ar-re thinkin' that y' have made a misthake an' landed at th' polish sta-ation instid iv th' hospittle, but y' give th' daysired infimattin as near as possible without tellin' th' thruth, an' be th' toime ye have exposed all y' youthful indiscreshuns an' fambly failins, an' he has raycorded th' same an th' paper what th' calls th' char-rt, ye ar-re about raydy t' sind f'r th' praste. Thin he takes an insthrimint wuth a sort iv telyphone attachment frim wan iv his pockits, an' star-rts t' listhen all over y' body. Ye think that he is listhenin' aroun' to hear anything t' ye detrimint which y' failed t' mintiod a while back; but ye ant sur-re about this an' ye hold ye breth as much as possibul. Thin he takes another insthrimint out'n another pockit, wid a dial an it (th' dial is an th' insthrimint an' not an th' pockit, d'ye moind) an' he tois this 'round ye ar-rm, an' blows at wan ind iv it wuth a kind iv rubber ball. Ye think he is thryin' t' blow ye full iv gass—but he isn't Hinnissy, th' ant room f' no more in y' compisition—he's just bein' scientific an' takin' y' blood prissure. "Two hunnud an' fifthy," he mutthers, and ye baycome alar-rmed—ye think he is alludin' t' ye timperature—but he isn't Hinnissy—an' I dunno what he is doin'. Thin he takes a little flat piece iv glass out iv another pocket—he's full iv pockits, d'ye moind—an' he takes a knife out iv another, thin he sloices ye an th' ear-r. 'An' what ar-re ye bladin' me fer?' y' may fale incloined t' ask.

"Oi wants t' git th' count iv th' lookisites an' the rid blood cor-rpuschuls," he says carelessly, just loike thim was or-rdinnary craytures.

"Hove Oi got thim things inside iv me?" ye ask in thrimblin' tones, falin' all over ye body f'r symptims iv th' prisince.

"T' bay sur-re ye have," he says, "It's fissylogical to have thim," he says.

"Ar-re th' dangrous?" ye ask.

"Not naycessarily," he says, "but," he says, "it's imporrtant t' git th' opsonic indexes," he says, "An' t' see," he says, "whether phaygisiotosis is established. Baysides," he says, "Oi must make the Weedall tist, an' look f'r th' filar-ria sanguinar-ry hominy, an' th' plasmojum Malari Anna."

"Quite thrue," ye obsar-rve, "an' Oi'm glad you thought iv it, Doc. I didn't think, and Doc Killy never tole me, that I had all thim animils in me inside; but Doc," ye exclaim, "cud ye give me a tayspoonful iv parygorrick or a cup iv ghinger, or a drap iv brandhy t' raylave me pain while ye ar-re looking f'r thim bastes in me blood?"

"Be no manes," he says, "that wud disgoise th' simtims," he says; "but I'll bay aroouud in a coople av hour-rs again an' we will take ye into the X-Ray room an' take," he says, "a radyograff," he says, "iv y'r stomick," he says.

Whin he comes back, th' puts ye up an a stretcher an' wheels y' into a little room an' turns out'n all th' loights. Thin th' sloides ye up a large insthrimint an' wan iv th' docthurs presses a buttin an' the insthrimint baygins t' spit an' sphutther an' flash lightenin. Ye baygin t' say all the prayers that y' kin riccolict; thin th' doctor baygins t' look ye over wid what he calls a Flora scoop. "Oi'll make a negitive iv his stomick," he says. "Me stomick seems to bay negitive enuff as it is," ye answer, but th' take no notus iv ye, an' prisintly th' takes you back t' bid, and laves ye f'r th' night."

Be th' mornin', owin' t' th' operashun iv what Doc Killy calls th' "vis medica-tricks naturee," you ar-re falin' a lot better, an' when Doc Antiseptikus cooms along an' ordhers so manny sontygrams iv mate, so manny lithers iv milk an' so manny sontyghrades iv bread, ye fale quite cheer-rful.

"I giss this male is aboot what I naded, Doc," ye say. "That lightnin' tratemint done th' wor-rk, and I reckin," ye say, "that it aboot killed all thim animils in me systim. Afther brakefust," ye say, "Oi giss Oi'll be takin' me lave—an' thank ye very much," ye say.

"Why, me man," says Doc Antiseptikus, "ye haven't aven seen Doc Licocky yit," an' he says, "we haven't diagnosed ye case yit. Th' male that I ordhered," he says, "is what we call a tist male. In two hours, we poomp it out wid a stoomack poomp, an' subjec' it," he says, "T' a chimikil examinashun," he says, "T' detarmin," he says, "what chimikils illimints ar-re missing frim y' gasthric juices," he says.

Thin ye probibly wud rach f'r y' clothes—an anny handy insthrumint iv battle, such as a watter pitcher or a bid slath

an' make f'r th' doorr. Iv th' poomp you out, wanst ye had that male in ye—and it settin' well—Oi bet th' wud have t' bate th' wor-rlds record to Ar-rchey Road," concluded Dooley.

"An' yit," mused Hennessy aloud, "Iv ye had lit thim worrk an me long enuff, Oi bit th' wud iv found out what ailed me. Th' sure was invistigatin!"

"Dootless, dootless," assented Dooley amiably. "The post mortim wud a beein most inthristin t' th' docthurs, and most gratifyin' an' satisfyin' t' y'r friends an' fambly; but Oi can't figger where ye wud have had anny fun comin' t' you in th' pirformince."—The Charlotte Medical Journal.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY

The regular meeting of the Los Angeles Eclectic Medical Society was held October 7th at 8:00 at the College.

There was a large attendance and close attention was paid to the address on Rectal Diseases given by Dr. A. J. Atkins of San Francisco. Dr. Atkins has made a great success of his methods in treating these diseases and his audience was greatly interested in hearing him tell of his work.

There being no business the society adjourned until November 4th.

P. M. WELLBOURN,
Secretary.

H. C. SMITH,
President.

COLLEGE NOTES

Herbert T. Cox, M. D.

A new Outclinic has been established by the college at 1947 Sacramento street, near Mateo. A six-room house was leased and the different rooms properly remodeled and fitted

up for clinical purposes, so that a large clinic may be handled. A complete stock of drugs has been installed and much new equipment purchased also. The clinic is situated in a district where material is very plentiful and a good patronage should be built up, from which special cases may be selected for demonstration before the classes at the college by the professors of the special branches. It also serves as a good base from which to look after out patients and to have some one that may be called when needed. Dr. W. S. Gibson has been appointed to this department, with Dr. H. J. C. Sprehn as his assistant.

Dr. G. W. Tinsley, who has had experience in clinical work at St. Louis, Mo., has taken charge of the general clinics at the college, each day from 2-4 p. m.

Dr. Hutchinson, who has been professor of Obstetrics for four years, resigned from his chair, and Prof. Roath was appointed to fill this vacancy, which is a very fortunate appointment for the students, as Prof. Roath has much clinical material at his command. The chair of Minor Surgery which Prof. Roath has faithfully held for three years is now filled by the appointment of Dr. Chas. H. Peppers, who comes with high recommendations.

The Senior class has taken the first step toward class organization by electing the following officers:

President, J. M. Cleaver; vice-president, C. L. Stammers; secretary and treasurer, Edna Sherill; sergeant-at-arms, J. R. Buckingham. It is now up to the rest of the classes to move along.

Dr. A. J. Atkins of San Francisco, a graduate of the C. E. M. C. at the same place, was with us several days. He gave several interesting lectures to the Juniors and Seniors, and also held several clinics in his specialty, which is "Orificial Surgery." We are always glad to see the Alumni come around and see the college, and not only see it, but to take the interest which Dr. Atkins showed in giving the boys the benefit of his experience.

Dr. Goff has gone to Loma Linda to take a post-graduate course in hydrotherapy.

NEWS ITEMS

Dr. R. Munda Sinclair has returned from her usual summer vacation spent in the mountains and is now at her permanent address, 3018 Webster street, San Francisco, Cal.

Dr. H. V. Brown, Los Angeles, spent some time on the desert near Yuma during October. Dr. Brown is the Eclectic

member on the new Board of Medical Examiners recently appointed by Governor Johnson.

Dr. and Mrs. A. J. Atkins of San Francisco were in Los Angeles for a week last month, during which time Dr. Atkins lectured at the college each day to the students, as well as speaking before the Los Angeles County Eclectic Medical Society at the regular meeting on October 7th.

Dr. H. T. Webster, Oakland, is making an extended visit to relatives and friends in Ohio.

Dr. L. E. Russell of Springfield, Ohio, who holds the chair of surgery in the Cincinnati Eclectic Medical College, made a short visit to Southern California during October. Dr. Russell shows symptoms of contracting the California fever and his many friends here hope he will succumb.

Dr. H. T. Cox, C. E. M. C., 1913, has opened an office for the practice of his profession at 5600 York boulevard, city.

Dr. J. T. Farrar has opened offices at 2192 Shattuck avenue, corner Allston way, Berkeley. His residence is the same as formerly, 1922 Virginia street.

Dr. Hanna Scott Turner, Pomona, was in Los Angeles recently. We have seen very little of Dr. Turner during the past year because of the protracted illness of her husband.

The Westlake Hospital new building is nearing completion and will be ready for occupancy by Thanksgiving time. The new building is strictly fire-proof and all accommodations will be the most sanitary and luxurious of any hospital in the city. The old frame building will be kept for certain classes of patients. The hospital is located at the corner of Orange and Alvarado streets and overlooks beautiful Westlake Park, with the mountains in the background.

Dr. W. S. Gibson took a two weeks' vacation during October, visiting in Santa Cruz and Ventura Counties. The vacation might have been more enjoyable if the Doctor had not been suffering with a broken right arm, as a result of the back-firing of his automobile engine.

Dr. and Mrs. L. H. Freedman, Crowell, Texas, have left that city and are visiting in Southern California. The doctor has been here before and will probably locate in Los Angeles or one of the nearby suburbs.

For Sale—A two-story, twenty-room Sanitorium, electric lighted, fully equipped in every particular. Located in a thriving agricultural district in Northern California, and the only hospital in the county. The owner desires to sell because of intending to move to a university town for his children.

Locations—In Northern California, for two or three physicians, especially for those with surgical experience. One town without a doctor, another where the only doctor is leaving. Either of these places would mean from $2000 to $2500 per year cash, and located in a thriving agricultural valley.

WANTED—An assistant-ship by an eastern physician while studying for the state examinations. Although the doctor had made a specialty of genito-urinary diseases, he will be pleased to help with a general practice.

REMARKABLE FISH CAUGHT BY UKIAH DOCTOR ON DRY LAND

(Ukiah Republican-Press.)

A remarkable discovery was made last Saturday afternoon in Reeves canyon, when three well-known physicians visited that region in search of sport. On account of dry weather and forest fires the stream was found to be dry until near the Dr. Dickinson camp a few pools of almost stagnant water remained. It was in or between two of these pools that the discovery was made. The party consisted of our well-known fellow townsman, Dr. J. Liftchild, Dr. A. J. Atkins of San Francisco and Dr. A. W. Connor of San Jose. The party was moving along the canyon in search of a good camping place, and discovering the pools of water, Dr. Connor insisted on getting out of the automobile and trying his luck. The doctor moved on a few paces ahead, but his calls soon brought the other two physicians to his side to witness perhaps the most wonderful scientific discovery ever made in physiology on the American continent, for there before their very eyes was a fish walking on the dry land from one pool to another.

The physicians were so astonished they could scarcely believe their eyes, but Dr. Liftchild being more thoughtful and braver than the rest, finally summoned sufficient courage to tackle the monster with a stick, capturing it before it succeeded in getting into the second pool. The fish or animal, or whatever it might properly be named looked like a cross between a steelhead trout and an ordinary sucker except that it had two long pedunculated fins attached to its under and posterior extremity and it was by working these primitive legs or fins that the fish or animal was able to propel itself along over the stony bed of the creek until it was discovered and captured.

The doctors having sufficient supply of alcohol, were not slow to see their opportunity and preserved their catch in a bottle. The specimen can be seen for a brief period at the offices of the Republican-Press by consulting the editor person-

ally, after which it will be sent to the Smithsonian Institution at Washington.—San Francisco Chronicle.

OPERATIVE SURGERY—BINNIE.

Sixth and Last Edition. P. Blakiston's Son & Co., 1012 Walnut Street, Philadelphia.

This work is a developed and enlarged edition of Binnie's Manual of Operative Surgery, which made its appearance some ten years ago and met with a very cordial welcome by the profession.

The author presupposes that the reader has a good working knowledge of surgical diagnosis and technic, and, therefore, devotes the space at his disposal to a description of operations, giving particular attention to those infrequently met with. The author has a clear and concise style. The illustrations are many and good, and the typographical work is excellent.

To read this book is a good deal like taking a post graduate course.

SAFE ANTISEPTICS IN GONORRHEA.

Tincture of iodine irrigations in solution of from one to four drachms to a quart of hot water is said to be one of the safest and best antiseptics that can be used in gonorrhea. The strength of the solution and number of irrigations a day depends upon the stage of the disease. To keep the urine bland and non-irritating sanmetto should be administered in teaspoonful doses three or four times daily throughout the treatment. In cases of extreme acidity of the urine, one of the potassium salts will be found helpful.

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Original Contributions

ECLECTISM AND ITS ORIGIN

Dr. Vincent Millasich, Galveston, Texas.

Eclectics are a sect of physicians and medical philosophers who have founded a system of medicine, choosing from all of the other school sects or isms their best modes of treatment, using to the best advantage all of their opinions along medical lines or any therapeutic appliances and include in their studies surgery, having the one aim, the curing or relieving the ills of the body.

The Eclectic system of medicine is supposed, by many not familiar with ancient history, to have started in New York in the year 1831 or there about by Dr. Wooster Beach. They are in error, however, for the searcher of history will find that the system is one of the oldest known of sciences, it being in vogue some two thousand years.

Agantius is the recognized founder of the Eclectic scheme of treating the ills to which mankind is subject; Archigenes and Aretus were the originators, being afterwards brought more fully to the public notice by the prominence of Agantius.

It derives its name from the word Eclegon, meaning "to choose," or "I choose," and in this country the term Eclectic has been applied to those who have taken from all of the modes of treatment, having in mind the origin, the taking of the best from all and applying it to the best interest of the suffering public.

The so-called Eclectic physicians in this country in the early ages belonged to a class of Botanic physicians. To Dr. Beach of New York, a graduate of the College of Physicians in 1825, is due the credit of inaugurating the Eclectic system in this country.

Agathius of Sparta was a student of Athenagos, and was enumerated as Pneumatics or Spiritualistic Physicians. He endeavored to establish a school of medicine upon a rational and philosophical basis which he called episythetic, accumulative or collective, more than one system of medicine, having in view at all times the benefit that the suffering public would derive by the harmonizing of the system, choosing and uniting the best of all under the head of Eclectism.

Archigenos, a native of Apomeia, in Syria, was a student of Agathius and like his preceptor held to the cardinal principles of the pneumatic doctrine. He was highly respected and often honored during the Vespian reign. His writings on the pulse and chronic diseases were often cited by Galen, and a great deal of credit was given him.

Aretaeos of Kapedokia, has been generally considered the giant mind of the Eclectic and Pneumatic school. His works are still in use and very often referred to, especially his books upon the causes of and symptoms of acute and the other on chronic diseases. Many of the late discoveries which have been imputed to Galen are really from the pen of Aretaeos, who seemed to be far ahead of his time.

The Eclectic School of Medicine, in the early ages, had at its head the master minds of medicine. Their ability has set them down and it will still go on down through history and they shall be given the credit; they were part of the Roman country and it was natural that they should have become inspired with the politics of those turbulent days, which caused them to retire in the solitude of their study instead of putting forth their efforts for the suffering public. Failure on their part to unite in their efforts was a great cause of their disorganization, and it is to be feared that the same thing will happen in this country unless something can be done to bring about a strong organization for the purpose of teaching the efficacy of the Eclectic treatments, and at the same time demand that respect that is due to a class of men who have devoted their lives to a study, and that have with all of it but one point in view—the giving to the suffering public the best of all that is known to the master minds of every known kind of medicine.

In ancient times the medicine man held his position in Rome. He was received everywhere and honored with the privilege of citizenship. Octavius and Augustus exempted them from taxation; Nero added to their importance. There were Archiatres or chief physicians, in one part of the city,

Archiatres Platinis or Physicians of the Imperial Court, who in time assumed and exercised censorship and authority over their fellow practitioners, checking any innovations and discouraging all who were not in strict subordination to their arrogant greed and pretensions.

So here in this, the twentieth century, we are confronted by the spicy and suave Owen Bill; in this age of progressiveness we are to return to the days of Archiatres of various kinds who are attempting to destroy what the Eclectics have given for the benefit of the suffering public, by hard study, during the last two thousand years. What is the cause of all of this? The various so-called Eclectics who are suffering from some form of mental lordosis or some sore of megalomania, which is causing this dissension and diminution in the ranks of the Eclectic School of Medicine, and unless something is done it will be but a short time until we will have another happening like in the time of the Roman disruption. I hope not, and for that reason appeal to the profession to rise up and prevent the Eclectic system of medicine from dying because of class egoism and be driven to dreamless inertia.

During the year 1829 or 1830, Professor B. Waterhouse of Howard Medical College, in writing to Dr. Samuel Thompson, addresses him as sagacious, industrious and much respected Empiric or Eclectic, if he chooses the latter term better.

Some years later Dr. Beach was having an argument with Dr. Spery, prominent physician in the reform school of Thompsonian system, and was setting forth his notions of retaining what is useful in the old practice, when the latter exclaimed disdainfully: "Oh! then you are an Eclectic?" To which Dr. Beach quickly replied, "You have just given me the term which I have wanted; so I am an Eclectic." However, he did not imagine that those entertaining his sentiments would be classed under the name of that designation, as he generally designated them reformed physicians, but later all of the Beach followers were termed Eclectics, and hence the Eclectics in this country was adopted, and Dr. Beach will bear the burden, in the eyes of some, and the honor in the eyes of others for resurrecting the ancient name of Iatros Electicos or Eclectic Physicians, which originated in either Greece or Syria, and flourished through the early ages, and several centuries afterward was brought forth again in this country as the most scientific and best practice for the benefit of the suffering public.

GENIUS.

L. H. Freedman, M. D., Los Angeles.

Read before the Los Angeles County Eclectic Medical Society.

Amongst the qualities of the mind, genius seems by one common consent to hold the first place. We find in it something that is original; something that is superior to what is thought and done by the generality of men. It raises a man above the level of the vulgar. I understand by genius a high degree of refinement, sensibility and penetration; or, in other words, an extreme degree of perfection in all the faculties of the mind.

Genius, considered in its most favorable light, seems to consist in all the collected powers of the mind. A man of genius has a vigorous and a lively mind. A strength of imagination, considered in its highest degree, is incompatible with true judgment, and admits of no laws. It will, therefore, be readily conceived that judgment, viewed in this light, comes in for as great a share in the formation of genius as the strength of imagination does. If, for example, we are to consider a chain of ideas, one after the other, we figure to ourselves these notions or ideas with the greatest order and precision, and, then casting the eye over the whole, we give them a new form or, as it were, a new life, and make the ideas blossom out as creations of our own brains. We may do all this by means of the imagination, but that manner is unsafe, but by means of judgment we shall accomplish it slowly and surely; but if we possess genius, we avoid the defects of both the imagination and judgment and will reach the desired end quickly and with certainty. This proves that imagination, together with judgment, are required to inspire true genius.

Paracelsus was of the opinion that there should be in a physician a certain quality which can be neither named nor understood. This indefinable SOMETHING of Paracelsus is what constitutes the difference between two physicians who have had the same education, have read the same books and seen the same cases; who have, in short, had exactly the same opportunities for acquiring knowledge, and yet one shall infinitely excel the other. It is this SOMETHING which makes the difference. A contemporary of Galen said to him one day: "I have read the prognostic of Hippocrates, as thou hast, why then cannot I prognosticate so well as thou?" This is the power that Paracelsus vainly sought for in the planets, and Lentilius, in his ointments, but which neither of them possessed, and today we call it genius. We hear the constant expression that the most learned physicians are the least successful in their practice.

A physician who has no other erudition than what depends on the memory may know much and yet be very stupid, and, as the successful practice of medicine depends almost wholly on genius, it is not surprising that a stupid man, even though he be possessed of great learning, will be a very indifferent physician. Why do some doctors who are only half-learned, half-baked, as it were, or without the rudiments of science, and even some people who are in no way physicians, perform every day wonderful cures? Is it because they have genius?

I am willing to allow that genius does not always supply the place of erudition, nor even of experience. But since it appears that with the same education, the same knowledge and the same opportunities of seeing the sick, a physician who possesses genius will be infinitely superior to him who relies on knowledge and judgment alone. And since in doubtful cases many resources are suggested by genius. It is not necessary for a man to be gray headed to be a great physician, IF he have genius. A young man endowed with genius, but whose years of actual practice are few may well say to his older brother physician: "I am able to show you, upon occasion, that which Alexander, at twenty years of age, aimed at proving to Demosthenes, when he said: 'He treated me as a child, when I was in Illyria, and as a young fellow, when in Thessaly, but I will prove to him in the very bosom of Athens that I am a man.' "

Although it is impossible to create the art of medicine as Pascal did geometry, in studying it, yet we may rest assured that the true physician is formed by nature, as well as the mathematician, the artist or the poet. We see the man of genius succeed at his first attempt and with the same certainty, as though he had a world of experience on his side. And, notwithstanding all studies, no man will be a great physician who is not born such to a certain degree. We may read innumerable text and reference books, and yet how many practicing physicians here have met conditions never read of? We see every day that it is rather by genius that we judge and administer our remedies than by the depth of our learning.

It has been remarked long before our time that physicians of advanced years and large practice, but who are destitute of genius, become farther and farther removed from true medication. The more their practice is augmented, the more numerous and considerable their errors. On the contrary, we observe that by genius, a physician is enabled to penetrate the greatest difficulties, even during his first years of practice, and that with genius to guide and support him, he rises superior to every obstacle.

THE DIET QUESTION.

Dr. Edward P. Bailey, Los Angeles.

What shall I eat? This question is one that every practicing physician meets with, more or less, according to his specialty of practice, and no matter from what college he graduated. The question is a vital one. Eating is a very important function. Everything we eat should be for a definite purpose, instead of the mere satisfying of appetite.

Diet is a very necessary factor in gaining as well as maintaining normal health. Wrong foods and faulty combinations of foods are a prolific source of waste of nerve force.

The old carbohydrate "calory" theory was and is a humbug, and if you are relying on it you are not getting full results for your patients and never will.

Fourteen years' practice by my preceptor, and my own experiences of the past four years of my practice and study, have satisfied me that uric acid is not a nitrogenous product. The old carbohydrates are the whole father, son and holy ghost to uric acid diatheses. Carbonaceous food is solely a consumer of nerve energy, and produces only inert matter (such as fat) in return using up four points of nerve force for digestive purposes, as compared with one point necessary for digestion of nitrogenous matter. It is, consequently, necessary that the nitrogenous portion of food eaten give a return of the five points used by the starchy (carbonaceous) foods; otherwise the batteries of reserve power in the human mechanism will run down and abnormal health result. The patient will weaken, because equilibrium is not maintained.

The carbonates are indigestible and supply no nutrition whatever to the body, while nitrates and phosphates are absolutely necessary to digestion and assimilation, for, without them, health will fail, perhaps not at once, but the powers of resistance are being stealthily and imperceptibly undermined until a collapse results; the sole reason being a draining of the nerve energy through eating wrong foods probably aided also by a waste owing to eye strain.

It is not possible to lay down a hard and fast rule as to what to eat, which would apply to all persons. I shall, however, give a few suggestions that should be followed by a person in general good health, and from which those needing help in sub-acute or chronic ailments cannot fail to get much benefit. But, in the latter case, each one requires attention, according to his individual condition.

Dietetic Suggestions:

Do Not Use	Use Sparingly	Use Freely
Breakfast Foods	Coffee	Apples
Fat Meats	Tea	Asparagus
Chocolate	Sugar (very little)	Green & Wax Beans
Pastry	Butter (very little)	Beef
Pie	Prunes	Berries (all kinds)
Cake	Dates	Cauliflower
Peanuts	Figs	Cheese
Hot Bread	Parsnips	Egg Plant
Pan Cakes	Bananas	Eggs
Potatoes	Nuts of all kinds	Fish
Rice	Apricots	Fowl
Barley	Turnips	Grapes
Sweet Potatoes	Cabbage	Ham
	Carrots	Tomatoes
	Green Corn	Peas
	Cherries	Veal
	Oats	Lettuce
	Onions	Lemons
	Radishes	Milk
		Oysters
		Mutton
		Salmon
		Mushrooms
		Codfish
		Oranges
		Pineapples
		Raisins
		Celery
		Chicken
		Rhubarb
		Spinach
		Squash

I know the list given will create much comment, but that is to be expected. There is not one item mentioned for which there is not a good reason, and it is placed under its respective heading from a knowledge based on experience. For information, I will quote several articles and show their component parts:

No. 1 Column	Carbonates	Phosphates	Nitrates	Water
Chocolate	88.0	8.8	5.1	.....
Potatoes	15.8	1.4	.9	74.8
Rice	82.0	5.1	.....	.....

No. 2 Column	Carbonates	Phosphates	Nitrates	Water
Butter	100.0	.....	.....	.....
Figs and Prunes	57.9	5.0	3.4	18.7
Green Corn	67.5	12.3	1.1	14.0
No. 3 Column				
Apples	4.0	26.0	7.0	63.0
Beef	14.0	19.0	2.0	65.0
Berries	4.0	16.0	5.0	75.0
Ham	32.0	35.0	4.4	28.6
Mutton	14.0	21.0	2.0	63.0
Veal	14.3	17.7	2.3	65.7

For this illustration I have selected foods much in use, and representative in the section under their heading. Considering their component parts, you might ask why I place potatoes in the first column and figs or green corn in the second? The reason simply is, that potatoes are eaten usually in quantity at several meals, while green corn or figs are not served in large quantities, nor frequently, and they do return something after digestion; and, further, warning is given to use the latter sparingly. Furthermore, the salts contained are a factor. This applies throughout the list.

Now, as regards column three. I quite expect my vegetarian friends to take issue with me, but as I am giving honest facts, I must advise with sincerity. Take notice of those essentials for nutriment (nitrates and phosphates), and you will see good reason for eating meats. It can readily be understood that when I say "eat freely" I do not mean to overeat, but make some of those articles the major portion of the principal meal, say about four points of column three to one point of column two. In total quantity require moderation at all times.

Not overeating so much as the wrong food is killing more than half of the people of the world long before their time.

In the matter of vegetables, great care should be taken not to cook in too much water. Experiments made by a skillful, scientific commission showed that there is a considerable loss of nutriment in cooking vegetables, but that this loss can be lessened when only enough water is used to perfectly cook them. A hundred pounds of uncooked cabbages contain only 7½ pounds of solid matter, and in the cooking 2½ pounds of this is lost. This loss consists of mineral matter, carbo-hydrates and proteids. Carrots, for instance, lose 25 per cent of the total food material. This is extracted from the vegetables into the broth, and explains why light broths or soups are of such value to invalids. These broths are full of various forms

of nutritious matter, mineral salts and proteids. At the same time there is no great bulk of fibre or waste materials, and so the invalid gets only the best of foods that will never overload his stomach or overtax his digestive organs.

Apples should be eaten raw, after washing thoroughly. They contain potash, soda, magnesia and phosphorus. The natural acid is invaluable for the gums, teeth, stomach and intestines, being of a germicidal character. A sweet, pulpy, ripe apple is most easily digested.

Grapes are one of the best fruits. They are antiseptic and disinfectant in their effect upon the intestines. They are highly nourishing, two or three pounds daily making persons fat. They are recommended for all wasting diseases, especially phthisis. They are valuable, too, in bronchitis and heart disease. Raisins, or dried grapes, are very nutritious.

I consider pineapple juice the best raw fruit juice I know of on account of its peptogenic and digestive properties. Juice sprayed upon the mucous membranes cleanses and stimulates them. Sprayed upon the mucous membrane of the throat, it allays inflammation and irritation. Lemon and orange juices are also germicidal and antiseptic.

A general injurious habit of eating is that of taking dessert at the end of a meal. This is merely an old custom, and should be altered. The appetite generally being satisfied by plain food, the dainty or dessert is more often an excess; also it is not so readily digested or assimilated and undergoes fermentation. It is, therefore, desirable to start the meal with the dessert.

As regards the matter of mechanical method of eating food, either bolting or "fletcherising" one's food is a piece of nonsense for the great majority of people. Given something near a right combination of food, fair teeth and an ordinary amount of chewing will provide the utmost of the duty required by the mouth. The stomach and the digestive tract will take care of the rest.

It is necessary to know the value of various articles of food and I give an extended list. This is natural chemistry, and the knowledge of which is the only one worth anything as an auxiliary in the treatment of human ills. It is impossible in an article like this to do more than give a brief outline by way of suggestion.

Should any of my fellow practitioners desire to give this subject deeper consideration and know more of the method for figuring for any rates of food combinations, I will be glad to give any information I can. A letter addressed care of Dr. Welbourne will reach me.

	ITEMS	PARTS IN 100 — C. %	+ N. %	+ P. %	+ W. %	POINTS IN A 1000 Phos.	+ SALTS Iron	Sulp.	Chlo.	— SALTS K.	Na.	Ca.	Mg.
1	Asparagus	5.4	0.6	0.4	93.6	16.07	2.94	5.36	5.10	20.74	14.77	9.33	3.72
2	Apple	4.0	26.0	7.0	63.0	4.52	.46	2.01		11.78	8.61	1.35	2.89
3	Apricot	8.0	.5	.1	83.0	2.67	.18	1.00		9.63	1.50	1.41	.92
4	Barley	52.1	12.8	4.2	14.0	10.27	.53	.93		5.10	1.28	.02	3.92
5	Beef	14.0	19.0	2.0	65.0	17.90	.28	.64	1.56	16.25	1.44	1.12	1.23
6	Beans	40.0	24.0	3.5	14.8	14.86	.19	1.30	.69	15.88	.42	1.92	2.75
7	Buckwheat	53.0	8.6	1.8	14.2								
8	Butter	100.0											
9	Blueberries	4.0	16.0	5.0	75.0	3.93	.10	1.41	.38	14.16	.35	2.72	1.06
10	Blackberries	4.0	16.0	5.0	75.0	3.93	.10	1.41	.38	14.16	.35	2.72	1.06
11	Cabbage	6.2	1.2	0.8	91.3	4.65	.13	19.23	17.34	28.07	15.37	35.43	5.60
12	Carrots	12.2	1.1	1.0	82.5	8.83	.70	4.45	3.18	25.46	14.63	1.80	3.04
13	Cauliflower	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37
14	Cheese	28.0	30.8	4.7	36.5	15.79	.30	.17	8.04	13.70	5.34	12.24	1.69
15	Chicken	1.9	21.6	2.8	73.7	15.72	.17	.13	3.72	6.27	9.56	4.56	.46
16	Chocolate	88.0	8.8	1.8									
17	Corn (N)	67.5	12.3	1.1	14.0								
18	Corn (S)	39.2	34.6	4.1	14.0	8.44	.15	.15	3.50	5.50	.02	.04	2.87
19	Cream	4.5	3.5		92.0								
20	Currants	6.8	.9	.2	81.3	5.71	1.32	1.71	.22	11.22	2.87	3.45	1.70
21	Cucumber	1.7	.1	.5	97.7	20.20	1.40	6.90	6.60	41.20	10.00	7.30	4.15
22	Cranberries		38.0	7.0	55.0	7.97	3.72	2.05	1.10	13.72	18.53	9.23	
23	Cherries	21.0	.6	.1	76.3	5.54	.69	1.76	.48	17.94	.76	2.60	1.90
24	Celery	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37
25	Eggs	14.9	14.9	2.4	67.8	15.72	.17	.13	3.72	6.27	9.56	4.56	.46
26	Egg Plant	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37
27	Figs	57.9	5.0	3.4	18.7	.53	.60	2.77	1.10	11.63	10.77	7.75	3.78
28	Fowl	1.9	21.5	2.8	73.7	15.72	.17	.13	3.72	6.27	9.56	4.56	.46
29	Fish		16.0	4.0	80.0	32.13			9.60	18.35	12.55	12.80	3.28
30	Grapes	4.0	16.0	5.0	75.0	3.93	.10	1.41	.38	14.16	.35	2.72	1.06
31	Grape Fruit	4.0	16.0	5.0	75.0	4.52	.46	2.61		11.78	8.61	1.35	2.89
32	Gooseberries	6.8	.9	.2	81.3	5.71	1.32	1.71	.22	11.22	2.87	3.54	1.70
33	Graham Flour	66.4	14.6	1.6	14.0	10.90	.30	.09	.07	7.20	.50	.75	2.80
34	Ham	32.0	35.0	4.4	28.6	17.00	.28	.64	1.56	16.58	1.44	1.12	1.28
35	Horseradish	4.7	.1	1.0	78.2	4.96	1.25	19.84	.58	19.81	2.57	5.28	1.81
36	Hominy	39.2	34.6	4.1	14.0	8.44	.15	.15	.35	5.50	.02	.04	2.87
37	Lentils	39.0	26.0	1.5	14.0	12.60	.69		1.61	12.08	4.62	2.18	.87
38	Lettuce	1.4	.5	.1	88.0	16.62	9.40	6.87	13.82	67.94	13.55	26.56	11.20
39	Lemons		30.0	7.0	63.0	7.97	3.73	2.05	1.10	13.72	18.53	9.23	
40	Milk (H)	7.0	3.0	.5	89.5	7.84	.76	.33	6.38	11.73	3.16	5.80	.75
41	Milk (Cow)	8.0	5.0	1.0	86.0	15.79	.30	.17	8.04	13.70	5.34	12.24	1.69
42	Mutton	14.0	21.0	2.0	63.0	17.00	.28	.64	1.56	16.52	1.44	1.12	1.28
43	Nuts, Beech					12.81	.42	1.03	1.03	7.20	2.18	7.73	5.94
44	Nuts, Cocoanut					2.18		.95	2.50	8.21	1.57	8.60	1.76
45	Nuts, Walnuts					9.31	.28			6.62	.48	1.83	2.77
46	Nuts, Almonds					2.18		.95	2.50	8.21	1.57	8.60	1.76
47	Nuts, Chestnuts					5.85	.45	1.23	.16	17.31	2.30	1.25	2.41
48	Onions	5.2	.5	.5	93.8	5.05	.69	1.65	.70	9.89	.73	6.66	1.33
49	Olives					.46	.31	.36	.06	27.02	2.52	2.49	.06
50	Oats	56.0	17.0	3.0	13.6	8.83	.41	.62	.03	6.18	.59	1.24	2.45
51	Oranges	4.0	26.0	7.0	63.0	4.52	.46	2.01		11.78	8.61	1.35	2.89
52	Oysters		16.0	4.0	80.0	32.13			9.60	18.35	12.55	12.80	3.28
53	Oyster Plant	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37
54	Parsnips	14.5	2.1	1.0	79.4	12.03	3.09	7.18	10.10	35.33	23.37	15.45	3.42
55	Peas	41.0	23.4	2.5	14.1	10.87	.24	1.03	.53	13.06	.30	1.45	2.42
56	Pigeon	1.9	23.0	2.7	72.4								
57	Pork	16.0	17.5	2.2	64.3	17.00	.22	.64	1.56	16.52	1.44	1.12	1.28
58	Potatoes (I)	15.8	1.4	.9	74.8	7.47	.48	2.89	7.55	26.56	1.33	1.15	2.18
59	Pineapple		38.0	7.0	55.0	7.97	3.73	2.05	1.10	13.72	18.53	9.23	
60	Peaches	9.6	.1		86.4	2.67	.18	1.00		9.63	1.50	1.41	.92
61	Pears	9.6	.1		86.4	2.67	.18	1.00		9.63	1.50	1.41	.92
62	Prunes	57.9	5.0	3.4	18.7	.53	.60	2.77	1.10	11.63	10.77	7.75	3.78
63	Pumpkin	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37
64	Plums					6.03	.94	1.21	.15	18.28	3.41	4.34	1.36
65	Radishes	7.4	1.2	1.0	89.1	12.03	3.09	7.18	10.10	35.33	23.37	15.45	3.42
66	Rice (P)	82.0	5.1	.5	9.0	2.15	.05	.03	.01	.87	.22	.13	.45
67	Rye	75.2	6.5	.5	13.5	10.16	.25	.28	.01	6.84	.32	.61	2.39
68	Raisins	4.0	16.0	5.0	75.0	3.93	.10	1.41	.38	14.16	.35	2.72	1.06
69	Rhubarb	4.0	26.0	7.0	63.0	4.52	.46	2.01		11.78	8.61	1.35	2.89
70	Rice (R)					8.60	.22	.08	.02	3.60	.67	.59	1.78
71	Squash	4.6	3.6	1.0	90.0	18.42	.91	11.86	3.10	40.46	5.38	5.10	3.37

	ITEMS	PARTS IN 100 — C. %	+ N. %	+ P. %	+ W. %	POINTS IN A 1000 + SALTS Phos.	Iron	Sulp.	Chlo.	— SALTS K.	Na.	Ca.	Mg.
72	Strawberries	38.0	7.0	55.0	.	7.97	3.73	2.05	1.10	13.72	18.53	9.23	....
73	Spinach	5.4	0.6	0.4	93.6	16.07	2.94	5.36	5.10	20.74	14.77	9.33	3.72
74	Suet	100.0											
75	Turnips	4.0	1.2	.5	90.4	12.03	3.09	7.18	10.10	35.33	23.37	15.45	3.42
76	Toast	33.2	14.6	1.6	14.0	2.80	.03	....	.....	1.82	.08	.43	.44
77	Tomatoes	....	30.0	7.0	55.0	7.97	3.73	2.05	1.10	13.72	18.53	9.23	....
78	Veal	14.3	17.7	2.3	65.7	17.00	.28	.64	1.50	16.52	1.44	1.12	1.28
79	Vermicelli	38.0	47.5	1.7	12.8	2.80	.03	....	.....	1.82	.08	.43	.44
80	Venison	8.0	20.4	2.8	68.8	....	...	....	.....	....	....	....	....
81	Wheat	66.4	14.6	1.6	14.0	10.90	.30	.09	.07	7.20	.50	.75	2.80

DIPHTHERIA.

W. M. Alter, M. D., England, Arkansas.

Diphtheria, as it stands as a name in our medical vocabulary, is derived from a Greek word and it means a membrane or skin, and as applied to the disease or pathologic condition the name suggests, I think it answers its functions quite well. While not posing as one who has had a great deal of practical experience in this grave disorder, I wish to say a few things to recall professionally, attention from what I consider extremes in thero-mania which often does more injury than good to the public. It is well for us to keep before us the clinical experience of competent observers, but in doing so we should note the adverse provings of those who have some opportunities to be aware of the failures of certain methods of procedure.

Some time since I felt it incumbent upon myself to make an effort to allay the apprehensions of the people here concerning a cerebro spinal meningitis phobia created by some of our worthy M. D.'s acting as guardians of health, who pointed out the supposed fact that the above disease was likely to occur epidemically, but offered consolation to the frightened people with the statement that they were prepared with the serum to overcome the threatened danger. This reached the people through one of our daily papers. I prepared an article for our local paper here and in the statistics I referred to concerning some of the serum treatments I quoted from a medical journal which quoted Sir William Collins, M. D., British Medical Journal 1907, page 1515, who declared in the statement quoted:

"The so-called diphtheria anti-toxin is dangerous to the public. The mortality of diphtheria in Great Britain was much greater per million during the anti-toxin period between 1901 and 1905 than during the non-antitoxin period twenty years previous, between 1880 and 1885."

I wish to say in this connection that I possess a work by R. R. Russell, M. D., entitled "The Germicide Twentieth Century Practice of Medicine and Dictionary of Diseases."

The author informs us under article "Diphtheria," that observers have discovered that carbolic acid is the potent factor in the anti-toxin treatment. He says this discovery has led "All progressive physicians to discard the serum for a one-eighth of one per cent solution of carbolic acid." He claims this gives all the benefit claimed for the anti-toxin, without its dangers. I have nothing to offer from my personal observations with the use of anti-toxins.

I am inclined to doubt the etiology as claimed by many good physicians. Webster says on page 169, New Eclectic Practice, under article "Diphtheria," claims recent observations have caused it to be doubted whether the Klebs-Loffler Bacillus is the specific cause of the disease, these germs being found in healthy individuals. I consider that the anti-toxin treatment is dangerous, besides very expensive to those whose fears force them to adopt this dangerous method of treatment.

Now I will give some practical hints in regard to the treatment of diphtheria which my limited observation has led me to conclude has a beneficial effect in assisting in the recovery of a good per cent of the cases.

First, I will say that I believe the contagious character of the disease is exaggerated by many of the profession and that the chief etiologic factors are barometric and thermogenic phenomena on a previous injured tissue, and where epidemics of this disease prevail it is not due so much to its contagiousness perhaps, as to the combined caustive factor of fear and the conditions for its development bearing on large areas, and thus attacking large numbers of those in a condition to respond to the conditions I mention, and thus become victims of the disease.

I have treated a few cases of what I diagnosed this disease and believe I had a good therapeutic agent in calcium iodide. I would suggest for a child one year old the following:

Calcium Iodide	gr vii to x
Echinacea	M xx to xxx
Glycerine	ʒ ii
Aqua qs	F ℥ iv

Sig. A teaspoonful every 30 or 40 minutes. For older ones increase dosage proportionately.

As a local application the following I consider excellent:

Tr. Myrrh	ʒ ii
Echinacea	ʒ iv

Hydrastis, Lloyds'	M x l v
Cinchonea	℥ i
Glycerine	℥ ii
Spts. Menth. Piperita	℥ iii
Ext. Populus Monilifera qs	℈ iii

Sig. Apply to patches.

And as auxiliary:

℞ F. Ext. Populis Monilifera F℥ii.

Sig. gtt. xx. every hour for a child one year old; for older, increase dosage proportionately. An adult might take two teaspoonfuls every hour for several doses, then reduce it to one.

In addition to the measures I have mentioned I suggest the use of my method of using Iodine by inhaling the gases evolved by burning it.

When impending suffocation is evident tracheotomy should be dexterously and promptly performed. Sulphur in suitable dosage is a reasonable remedy, and prophylactic, so also is calcium sulphide given to saturation, I believe. And why not try the hypodermic injection of the carbolic acid, as I have mentioned in another place in this paper, as quoted from Dr. R. R. Russell.

I will here explain to the readers of the California Eclectic Medical Journal about the drug in my ℞, Populis Monilifera. This is a drug I use very much in my ℞s and practice. I discovered its usefulness about 35 years ago in some things, and find it covers a large therapeutic field in my practice; it is manufactured for my practice by my druggist. I regret to say it is not available to many physicians, owing to its not being on the drug market.

THE CALIFORNIA ECLECTIC MEDICAL JOURNAL

The Official Organ of the Eclectic Medical Society of the State of California, the California Eclectic Medical College, the Southern California Eclectic Medical Association, the Los Angeles County Eclectic Medical Society and the Los Angeles Eclectic Policlinic.

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OUR POST GRADUATE CALENDAR.

December: Prof. John Uri Lloyd has come on from Cincinnati to deliver his course of lectures in pharmacy to the students of the C. E. M. C. While here he will deliver an address on "Discoveries in Pharmacy—Old and New," which will be open to the scientific public. The place is the College, and the date the evening of December fifth. Prof. Lloyd will be glad to greet his friends at this time.

January: Prof. Finley Ellingwood will come on from Chicago about the middle of January to deliver a series of lectures on "Eclectic Practice and Eclectic Materia Medica" to the students of the C. E. M. C While here he will deliver a number of lectures on subjects of peculiar interest to the active practitioner. The day and hour for these lectures, as well as the subjects, will be given later, it being the desire of Prof. Ellingwood to make his time conform to the necessities of those who desire to attend.

Prof. Ellingwood has been a leader in Eclecticism for many years, and he is known personally by many of our readers. Others, not being so favored, know him only as the author of many well known books on medical subjects, and as the editor of Ellingwood's Therapeutist.

These lectures will be extremely interesting and very profitable to those who can arrange to hear them. Information more in detail will be given in our January issue.

HYDROUS ALUMINA SILICATE

A compound discovered by Prof. John Uri Lloyd, which completely eliminates the bitter taste of the alkaloids.

Last week I had the pleasure of tasting some of these compounds, alcresta strychnine, alcresta berberine and alcresta morphine, and could not detect the slightest bitter, in fact, they were practically tasteless.

Prof. Lloyd has been working upon these compounds for several years, and we are pleased to present the following extract from the Cincinnati Commercial Tribune of August 27th, which gives the report of a paper written by Prof. Fantus on this most interesting subject:

"A discovery has been perfected by John Uri Lloyd, and was announced by him to the world of science and to the general world yesterday.

"For many years Prof. Lloyd has been working in physical and colloidal chemistry, and a little more than two years ago he discovered a compound which destroys the bitter taste of all alkaloids.

"Alkaloids are constituents of plants, usually bitter, and usually energetic. They are often poisonous, some being among the most poisonous bodies known. Among the alkaloids may be named strychnine, morphine, atropine, quinine, brucine, nicotine, caffeine, cocaine, berberine, etc. Of these strychnine, berberine, morphine, quinine and brucine are very bitter. The thousandth part of a grain of strychnine will give a decidedly bitter taste.

"The compounds of the alkaloids are also bitter and poisonous if the alkaloid be poisonous.

"Prof. Lloyd's newly discovered alkaloid compounds that are tasteless are made by combining the alkaloid or its salt with a form of hydrous alumina silicate.

New Compounds Tasteless.

"These new compounds are tasteless, but yet, as shown by strychnine investigations, are as energetic as the ordinary alkaloid. Candies made of all the alkaloids in this newly discovered form were shown last week at the meeting of the American Pharmaceutical Association at Nashville by Dr. Bernard Fantus of Chicago, who obtained the compounds of Prof. Lloyd. These candies were in tablet form and as pleasant to the taste as candy. The full dose of the alkaloid gave no bitterness whatever. Morphine and strychnine and the other alkaloids seemingly were not present so far as taste was concerned.

"About two and a half years ago Prof. Lloyd discovered the first compound of hydrous alumina silicate with berberine. Then followed a series of experiments with all the other alka-

loids, and he found no alkaloid that did not form a compound, insoluble in water, acid water and tasteless.

"These compounds have been give the fanciful term of 'Alcresta' by Prof. Lloyd, which will answer as his trademark. The technical name, hydrous alumina silicate morphine or hydrous alumina silicate strychnine, etc., is too cumbrous for trade purposes. The most difficult of all the Alcresta compounds to prepare is alcresta quinine, the next being alcresta brucine.

"About a year or more ago Prof. Lloyd made Dr. H. W. Wiley and Dr. Lyman Kebler of the Department of Agriculture at Washington acquainted with the compounds, as was also Dr. M. I. Wilbert and others of the Hygienic Laboratory at Washington before whom Prof. Lloyd made a demonstration. These and others, who were taken into the confidence of Prof. Lloyd, kept to themselves the discovery until Prof. Lloyd's patents could be consummated, both at home and abroad. These patents are now practically perfected.

Experiments Are Made.

"Physiological experiments were made about a year ago with the strychnine compound of Dr. H. W. Felter, of Northside, Cincinnati, who established the fact that the alcresta compound possesses the full toxic qualities of strychnine itself, and this fact was afterward supported by Dr. Fantus of Chicago, who made the sweet candies which he brought before the Pharmaceutical Society at Nashville.

"Dr. Gordin, chemist of the University of Illinois, Chicago, was one of a few selected chemists presented by Prof. Lloyd with the new regent. He contributed a paper to the American Pharmaceutical Association, Chicago, on the subject, which excited so much interest as to lead Prof. Lloyd to promise a special treatise at the next meeting to be held in Detroit in 1914.

"The question was asked of Prof. Lloyd by those who had been told of the discovery as to the manner in which the compounds, as well as the alkaloids made by the newly discovered process, will be utilized.

" 'I do not intend personally to engage in the business of making or distributing either tablets, candies or other compounds or to manufacture alkaloids by the new process,' said Prof. Lloyd. 'It is probable that arrangements will be made with some manufacturing houses already engaged in the business of manufacturing tablets and alkaloids whereby a royalty permit will be given to me. Nothing as yet has been consummated.'

"The patents awarded the discoverer in America govern the method of manufacture in which hydrous alumina silicate is used, and the compounds made by its use.

"At the meeting of the American Pharmaceutical Association at Nashville last week, Prof. Lloyd brought before the society specimens of Alcresta compounds, which he showed in connection with the candies made by Dr. Fantus. The specimens were tasted by members of the society, but no taste could be found present.

"It was asked by Prof. Lloyd whether or not he would demonstrate his newly discovered compounds before the delegates to the National Convention of Retail Druggists now in session in Cincinnati. He said that he had made no arrangements for such a demonstration, but if the druggists should ask him to do so he would willingly make a demonstration.

"It is easy to see that this discovery will revolutionize the medical and pharmaceutical world. It will no longer be a difficult matter for the physician to administer an alkaloid as medicine. In the form of the new compound it will be as palatable to the patient as any tasteless powder and if mixed with a little sugar will be pleasant to the taste without losing its medical effect."—Eclectic Review.

SCIENCE AND THE AVERAGE DOCTOR.

Two eyes, one nose, two ears, one tongue and ten fingers, all controlled by one brain, used to be the equipment of the doctor. But the microscope and the X-ray brought in super-eyes; the stethoscope produced super-ears and chemistry became a super-tongue and a super-nose. Various appliances assume the role of super-fingers. Alas, there is no super-brain! And if there were, could it co-ordinate the work of the super-organs of special sense? Worse yet, could it co-ordinate the personal equations of the various super-doctors blessed with super-powers?

And this is not a comedy; it is a tragedy. The tragedy of modern science centers in the fact that man insists upon materializing his dreams. Men make gods of their vaulting ambitions and are not content to "rise on stepping stones of their own dead selves to higher things." Today our medical past is dead and we "let the dead past bury its dead" while we heedlessly hurry on to set up new shrines and erect new standards, neglectful of the old and overconfident in the new.

And "the stuff that dreams are made of" is hard to use in broad daylight. It is like grasping tools which lack handles to make "bricks without straw." The medical profession is sprouting wings faster than it is growing muscles to make the wings effective.

These remarks are prompted by cotemporary advances. A few years ago Wright developed the opsonic index, a thoroughly correct concept with an exact technic. And it fell down; not because of any error in the method, but because it could not be performed by a machine and was dependent upon inexact man—man with his personal equation.

Wassermann has elaborated a scientifically correct reaction. Yet findings are inexact; another instance of personal equation and the limitations of the human senses and the errors in interpreting what they observe.

A noted surgeon developed "bloodless surgery" and very brilliantly applied it to the correction of congenital dislocation of the hip joint. And his work appeared as easy as does that of the skilled glass blower—until after one had tried to duplicate the work of the bloodless surgeon or the glass blower.

Pottenger, who developed light-touch palpation, can outline the internal organs on the cadaver by a touch so light as hardly to indent the skin. Can the average doctor do this, and will he ever be able to do so? But it will do him good to try.

There is a chapter in the Bible which says: "By faith Abraham" did thus and so. "By faith Noah" did this and that. And it goes on to tell how a number of super-men did many wonderful things, "not having received the promises, but having seen them afar off, and were persuaded of them and embraced them." So it is with the scientist who has the vision of faith.

But what of the rest of us—average mortals to whom "faith without works is dead?" Few of us can be super-men, even if the age does expect it of the doctor.

And is there not a danger to be apprehended? Too much "miracle," too much super-science, too much of the intangible and reaching out after the tail feathers of the inscrutible is not making the medical profession as a whole one whit more effective; we are not curing more cases thereby.

Then cheer up, Dr. Average Man! Don't get discouraged because you can't, for the life of you, get the results the super-doctor claims to achieve, and sometimes really does—only sometimes. Just like you do by your methods—sometimes.—Medical Council.

VACCINES IN THE STOMACH.

The study of snake venoms pretty definitely proved that the gastric juice destroys them. There is quite an organic relationship in structure observed between them and some of the substances used as vaccines. Vaccination against smallpox has been demonstrated to be non-effective when employed by

mouth. Some claim has been made that diphtheria antitoxin can be effectively employed in this manner, but the method has been practically abandoned. Now Mollers has concluded that tuberculin is not effective when administered by mouth.

A few deaths have been reported following the use in children of anti-meningitis serum.

SOCIETY CALENDAR.

National Eclectic Medical Association meets in Indianapolis, Ind., June, 1914, Dr. W. S. Glenn, State College, Pennsylvania, President; W. P. Best, M. D., Indianapolis, Ind., Secretary.

Eclectic Medical Society of the State of California meets in San Francisco, May, 1914, Judson Liftchild, Ukiah, Cal., President; H. F. Scudder, M. D., Los Angeles, Secretary.

Southern California Eclectic Medical Association meets in Los Angeles, May, 1914, Clinton Roath, M. D., Los Angeles, President; H. C. Smith, M. D., Los Angeles, Secretary.

Los Angeles County Eclectic Medical Society meets at 8 p. m. on the first Tuesday of each month. H. C. Smith, M. D., Los Angeles, Cal., President; P. M. Welbourn, M. D., 818 Security Bldg., Los Angeles, Secretary.

LOS ANGELES COUNTY ECLECTIC MEDICAL SOCIETY.

The regular meeting of the Los Angeles County Eclectic Medical Society was held on Tuesday evening, November 4th, at 8 o'clock at the college. The President, Dr. H. C. Smith, was unable to be present and Dr. H. T. Cox filled the chair very ably.

There was a large attendance of members who welcomed Dr. and Mrs. Louis Freedman of Chicago, but more recently from Crowell, Texas, who have moved to Los Angeles. The paper of the evening was read by Mrs. Freedman, who is a talented dramatic reader. The paper was discussed by Drs. Conrad and Baird and closing remarks made by Dr. Freedman. The paper and discussion were greatly enjoyed by those present, as evidenced by the late hour of adjournment.

The next meeting will be held on December 2nd at the usual hour and place, when Dr. A. P. Baird will speak on "Christian Science." At this time will occur the annual election of officers for the ensuing year.

There being no further business, upon motion duly made and seconded, the meeting adjourned.

P. M. WELBOURN,
Secretary.

H. T. COX,
President pro tem.

COLLEGE NOTES.

Herbert T. Cox, M. D.

H. R. Evans, M. D., graduate of C. E. M. C., 1913, and S. A. Goyette, M. D., who attended the C. E. M. C. during his Freshman and Sophomore years, have recently passed the State Board of Nevada. The doctors are to be congratulated upon their good showing.

E. R. Petskey, M. D., graduate C. E. M. C. class 1912, writes that he is located at Diamond City, Alberta, Canada, having returned from a post-graduate course in Scotland.

Dr. L. D. Reeks has taken the chair of Manual Therapy, and the college is very fortunate to secure such a capable instructor for the subject. Dr. Reeks has the subject well in hand, being the author of a book on Manipulative Technic, which is used as a text in many schools.

The term has progressed far enough so that examinations have become the fashion of the day, the Freshmen thus having a chance to show their brilliancy and the higher classes having a chance to show up how much they have forgotten during vacation. From now on exams will be of frequent occurrence at regular intervals. Special examination tablets have been printed, providing for a complete record system, which is filled out on the back of each tablet, showing that individual student's exact standing in daily quizzes, attendance, deportment, etc., in each respective subject. A large filing cabinet has been built to order and installed in the office; it has a pigeonhole for each student, in which all examination papers will be kept on file throughout his course through college. A system is being worked out which will make it possible to keep tab on each student's exact standing in every subject from week to week. Thus we hope to raise the standard of scholarship for the C. E. M. E. to a high standard. Quality and not numbers graduated is what always counts for a college and the profession.

Prof. Scudder has started Dissection and by so doing will be able to give a larger course than is usually given.

NEWS ITEMS.

Dr. O. C. Darling, Riverside, was in Los Angeles last month and called at the College and renewed for the Journal.

Dr. E. P. Bailey is now in Chicago and writes that the weather is getting cold, which is not to his liking.

Dr. H. R. Evans, C. E. M. C. 1913, passed the State Board of Nevada in November, standing next to the highest with an average of 91.

Dr. E. R. Petskey, who has spent the summer in Scotland, has located for the present at Diamond City, Alberta, Canada.

Dr. L. B. Weatherbee, Oakland, spent two months assisting Dr. W. P. Byron at Lemoore during the summer, but is now at his old address in Oakland.

Dr. Louis H. Freedman, who came to Los Angeles recently, will open offices in Rooms 507 and 508, Auditorium Building, hours 9 to 5, as soon as the State Board acts on his credentials for reciprocity.

The Westlake Hospital expects to move into their new fireproof building early in December and will have an Opening Day during the holiday season, when all friends are invited to inspect the Hospital from basement to garret.

CLINICAL RESULTS WITH THE PHYLACOGENS.

Under the above caption, Dr. R. W. Locher, Grafton, W. Va., in the Memphis Medical Monthly, has this to say: "In judging the therapeutic value of a new preparation, it is advisable that a great number of case reports be considered; and in order that the medical profession may have a great number of cases from which to judge, it is the duty of every physician to report such results as he may have. The Phylacogens are of comparatively recent origin, and yet even at this early date they have displayed their ability to produce satisfactory, and, in some cases, remarkable results in the treatment of a great variety of pathological conditions. * * *

"We are informed that the Phylacogens are not claimed to be a 'cure-all' in any sense of the word, but simply valuable therapeutic agents in the treatment of numerous infectious conditions. From the very fact that all but Mixed Infection Phylacogen are to be directed against specific infections, it is necessary, before employing them, to make an accurate etiological diagnosis. For obvious reasons one cannot expect to produce results if Rheumatism Phylacogen is administered in a case that is really one of gonorrheal arthritis. Neither will an osteomyelitis or a syphilitic periostitis yield to Rheumatism Phylacogen, but the former may be logically treated with Mixed Infection Phylacogen. It would seem that this latter Phylacogen will ultimately prove of great value to the surgeon in combating post-operative infections, as well as infections following injuries of all kinds."

The writer then details fourteen case reports, covering a variety of diseases, and adds this by way of comment:

"From the foregoing cases it would be possible to draw numerous conclusions. What is especially striking, however, is that the Phylacogen treatment is apparently successful in

the vast majority of cases and seems to give prompter and more definite results than is possible to secure with the usual recognized treatments. As a physician's experience increases he finds a greater number of cases in which each of the Phylacogens may be used, with the expectation of great benefit resulting therefrom. In any event it must be conceded that Phylacogen in its various forms presents great possibilities and must be classed as a therapeutic agent which is more than worthy of trial."

BRONCHIAL AILMENTS OF THE ELDERLY PERSONS.

It is at this season of the year that persons well along in years demand of the physician an agent which will remedy a chronic bronchial inflammation so common in late years, and which, as a rule, becomes especially distressing with the onset of cold weather.

An essential point to be considered in connection with the therapeutic needs of these cases, is that whatever is ordered should serve the double purpose of acting as a sedative to the bronchial mucosa and as a nourishing agent to the tissues, without, at the same time, causing any disturbance of the normal functions of the gastric apparatus. The physician will find in Hagee's Cordial of the Extract of Cod Liver Oil Compound an agent which meets these requirements clearly. Given to these old bronchial sufferers this palatable preparation of cod liver oil produces favorable results.

AN ALTERATIVE OF LONG SERVICE.

It is mainly in chronic skin and glandular diseases that alteratives have found their most distinct field of usefulness, for these are conditions aggravated and continued by impaired nutrition and elimination, in the correction of which alteratives show what potent remedial forces they are. Among the alteratives IODIA (Battle) has long enjoyed professional favor and in this will be found a striking demonstration of its value, for no class of drugs are put to a more rigid test than alteratives, so its long continued use by physicians is the best evidence that it meets the demands made upon it. IODIA (Battle) will show its power in chronic skin diseases, glandular involvements and in other states indicating the corrective influence of an alterative agent. A distinct advantage offered by IODIA is that it may be continued over long periods without causing distress.

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